Application for Certified Position

WARNER PUBLIC SCHOOLS

Rt. 1 Box 1240
Warner, OK 74469
(918)463-5171

PERSONAL DATA

Current Date_____

Date Available for Employment_____

Last Name First Name Middle Social Security Number

Present Address: Temporary Until:_____ Telephone:_____
Area Code-Number

Street City State Zip Code

Permanent Address:

Street City State Zip Code

POSITION FOR WHICH YOU ARE APPLYING (Please list subjects, grades in order of preference)

Grade (List at least three choices) Elementary School (Pre-K - 5)	(List only subjects for which certified and number of hours in each subject) High School (9 - 12)
(List only subjects for which certified and number of hours in each subject) Middle School (6-8)	(Administrative, Supervisory, Counselor, other)

ACADEMIC PREPARATION

	Name and Location	Date of Entry	Date of Withdrawal	Major	Minor	Name and Date
High School						
College or University						

_____Bachelor's Degree _____Hours over _____Master's Degree _____Hours Over

_____Doctor's Degree _____Other related degree

Undergraduate Grade Point Average_____

HONORS AND ACHIEVEMENTS

List any honors or awards received in college, community, or professional endeavors which would assist us in evaluating your application _____

_____

NOTICE TO APPLICANT

Independent School District I-74 of Muskogee County does not discriminate in employment policies regarding selection, transfer, promotion, termination, compensation, or other benefits on the basis of race, creed, national origin, color, religion, age, qualified individual with a disability, or sex; nor does the district discriminate in educational programs or activities.

"An Equal Opportunity Employer"

CERTIFICATION
List the Oklahoma certificates you now hold.

Oklahoma Certification/License	Date Issued	Date of Expiration	Teaching Fields

Out of State Certification/License	Date Issued	Date of Expiration	Teaching Fields

EXPERIENCE IN SCHOOL WORK
Experience in school work, as requested here, should include only teaching or administrative experience in a duly accredited or public school, college, or university, on a regular basis as accepted by the Oklahoma State Department of Education. Do **not** include part-time, substitute or student teaching experience.

Schools	Location (Town or City)	State	Date	Number of Years	Subject or Grade Taught or Other Assignment

PERSONAL INFORMATION
If you have a relative who works for the Warner Public Schools or who serves as a member of the Board of Education, please give the name and position:

Name_____ Position_____

List below any years of active military service:

Dates of Service_____ Total Years of Service_____

Have you ever been involuntarily terminated from the employment of another school district:

_____No _____Yes If yes, please give the name of the district, the date, and the reasons for the termination: _____
_____
_____

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application? _____No _____Yes

If yes, would you be able to perform the duties with an accommodation? _____Yes _____No

If yes, as to either of the above questions, please explain: _____
_____
_____

Are you a citizen of the United States? _____Yes _____No

FELONY QUESTIONNAIRE

Have you ever:

(a) Entered a plea of **nolo contendere** to a state or federal felony charge? ___Yes ___No
(b) Been convicted of a state or federal felony offense? ___Yes ___No
(c) Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of **nolo contendere**? ___Yes ___No
(d) Entered a plea of guilty or **nolo contendere** to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? ___Yes ___No

If yes to any of the above, please explain and give the following details (type of violation, date of violation, city and state of violation and court appearance):_____

_____

_____

REFERENCES

University addresses and phone number where placement file is located (if applicable):

_____

University or College Address City State Zip Code

_____

Area Code Telephone Number

References submitted should consist preferably of school people. Experienced teachers should submit names of former **principals** or **supervisors** and inexperienced teachers should submit names of supervising teachers in their student teaching experience.

Name	Complete Mailing Address	Position	Telephone No.
Name	City		AC ( )
Street/Box	State/Zip		
Name	City		AC ( )
Street/Box	State/Zip		
Name	City		AC ( )
Street/Box	State/Zip		
Name	City		AC ( )
Street/Box	State/Zip		
Name	City		AC ( )
Street/Box	State/Zip		

SCHOOL SERVICE

In **your own handwriting**, please express your views as to why and how you could be a successful member of the Warner Public Schools staff. Your remarks should be limited to the area on this page.

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of the application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the district.

I understand that the application will remain active for one year after its completion and that I must notify the District if I wish to be considered beyond that period. All persons, firms, and entities listed in this application are hereby authorized to release any information or records concerning me to the District and are released by me from any liability as a result of furnishing records and information.

____day of _____ 20____ _____

Signature of Applicant