

Application for Employment
(Certified Personnel)

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SPIRO PUBLIC SCHOOLS

600 West Broadway
Spiro, OK 74959

NOTICE TO APPLICANT: THIS SCHOOL DISTRICT DOES NOT INTENTIONALLY DISCRIMINATE IN ITS EMPLOYMENT POLICIES ON THE BASIS OF RACE, NATIONAL ORIGIN, RELIGIOUS BELIEF, AGE, DISABILITIES, OR GENDER.

NOTICE OF DISQUALIFICATION: FAILURE TO ANSWER QUESTIONS TRUTHFULLY OR PROVIDING MISLEADING OR FALSIFIED INFORMATION WILL DISQUALIFY THE APPLICANT FOR ANY POSITION OFFERED BY THE DISTRICT, AND IF DISCOVERED AFTER EMPLOYMENT, WILL RESULT IN DISMISSAL FOR EMPLOYMENT.

I STATE THAT I HAVE READ AND UNDERSTAND THIS DISQUALIFICATION NOTICE.

APPLICANT

A. Name _____

Address _____

Phone Number _____

B. When are you available to start working? _____

C. Have you read the job description of the position for which you have applied?

Yes_____ No_____

D. Are you now capable of performing the duties required of the applicant of that job?

Yes_____ No_____

If not, how do you feel an accommodation can be reasonably made to allow you to perform essential job duties?

E. Circle the position for which you are applying.

Elementary Teacher (Specify) _____

Middle School Teacher (Specify) _____

High School Teacher (Specify) _____

Principal (Specify) _____

Counselor (Specify) _____

School Nurse

Superintendent

Library Media Specialist

Other _____

F. Are you presently employed? Yes_____ No_____

G. If currently employed, are you employed by a school district: Yes_____ No_____

Do you have prior military Service? Yes_____ No_____

Years of service and dates: _____

H. List Oklahoma certification presently held and attach a copy of License or certificate and a copy of your complete transcript.

I. Have you previously applied for employment with this district? Yes _____ No _____

J. Educational Background:

High School: _____

Graduation Date: _____

Undergraduate University or College: _____

Graduation Date: _____

Degree Received: _____

Major: _____

Minor: _____

GPA: _____

GPA in Major: _____

GPA in Minor: _____

Postgraduate University or College attended:

Name of institution: _____

Attendance dates: _____

GPA: _____

Practice Teaching: If Practice teaching was performed during the last five years, provide the following:

Name of the School District: _____

Date: _____

Supervising Teacher: _____

Grade level and subjects taught: _____

K. Employment History:

The district will conduct background checks to verify information provided.

CONSENT AND RELEASE OF ALL CLAIMS AGAINST PREVIOUS EMPLOYERS:

SIGN BELOW IF YOU AGREE THAT THE DISTRICT MAY CONTACT YOUR PREVIOUS EMPLOYERS AND ASK THEM MORE DETAILED QUESTIONS ABOUT YOUR PRIOR WORK EXPERIENCE, IF YOU SPECIFICALLY CONSENT TO THE RELEASE OF INFORMATION BY THESE PRIOR EMPLOYERS TO THE DISTRICT, AND AGREE TO RELEASE SUCH PRIOR EMPLOYERS, THEIR EMPLOYEES, AND THEIR GOVERNING BOARDS, FROM ANY AND ALL CAUSES OF ACTION OR OTHER POTENTIAL CLAIMS WHICH YOU COULD HAVE AGAINST THEM FOR ANSWERING QUESTIONS ABOUT YOUR WORK EXPERIENCE. THIS CONSENT IS A COVENANT NOT TO SUE ANY PRIOR EMPLOYER, THEIR EMPLOYEES, OR THEIR BOARD MEMBERS FOR DEFAMATION, REGARDLESS OF WHAT PRIOR EMPLOYERS MAY RELATE TO THE DISTRICT REGARDING YOUR PREVIOUS EMPLOYMENT EXPERIENCE.

I have read this consent and release of all claims, in consideration of being considered and applicant for employment agree to its terms.

Applicant

Provide the following information about your last district employers, with the current employer being listed first and then proceeding to your first district employer.

1. Current School District Employment:

- A. District and Job Title: _____
- B. Dates of Employment: _____
- C. Supervising Principal(s): _____
- D. Supervising Department Head(s), if any: _____
- E. Teaching Assignment: _____
- F. Superintendent: _____
- G. Extra-Duty Assignment: _____
- H. Reason for desiring to leave employment: _____

2. Past Employment:

- A. District and Job Title: _____
- B. Dates of Employment: _____
- C. Supervising Principal(s): _____
- D. Supervising Department Head(s), if any: _____
- E. Teaching Assignment: _____
- F. Superintendent: _____
- G. Extra-Duty Assignment: _____
- H. Reason for leaving: _____

3. Past Employment:

- A. District and Job Title: _____
- B. Dates of Employment: _____
- C. Supervising Principal(s): _____
- D. Supervising Department Head(s), if any: _____
- E. Teaching Assignment: _____
- F. Superintendent: _____
- G. Extra-Duty Assignment: _____
- H. Reason for leaving: _____

L. CRIMINAL ACTIVITIES

The district has a duty to teach students proper citizenship and respect for the law, and it is our responsibility to serve as role models for students. Because the district teaches students about the dangers of chemical abuse and because the district is entrusted with the supervision of minors, the district cannot have employees performing duties while under the influence of dangerous substances which adversely affect reaction time and good judgment.

Information concerning past illegal acts will be considered along with the time of the offense, the seriousness and nature of the violation, any rehabilitations and your subsequent employment history.

- 1. Have you ever been convicted of a felony? Yes _____ No _____
- 2. If so, provide details: _____
- 3. Have you ever been convicted of a criminal offense involving illegal drugs or alcohol?
Drugs Yes _____ No _____ Alcohol Yes _____ No _____
- 4. If so, provide details: _____
- 5. Have you been convicted of any criminal offense involving minors?
Yes _____ No _____
- 6. If Yes, provide details: _____

M. A FELONY CHECK WILL BE CONDUCTED

N. DRIVING RECORD:

This portion is only to be completed if you are applying for a position that requires you to transport students:

1. Has your driving license been suspended within the last five years?

Yes_____ No_____

2. What was the reason for the suspension, and when was it re-instated?

3. Have you been convicted of driving under the influence of drugs or alcohol?

Yes_____ No_____

4. If yes, provide details: _____

- O. I possess a valid School Bus Driver's License and a C.D.L. License: Yes_____ No_____

P. INCLUDE COPY OF TRANSCRIPT AND CERTIFICATION

- Q. Personal Reference (list below) Name, telephone number and address.

R. APPLICATION WILL REMAIN ON FILE FOR THREE YEARS.