

**APPLICATION
FOR POSITION ON
EDUCATIONAL STAFF**

WHITEBEAD SCHOOL
Route 3, Box 214
Pauls Valley, Oklahoma 73075

OFFICE USE ONLY		Certificate	Transcript	Code:	Recom. By:
Date	Salary	EYT		O Yr	
College	\$ - Addenda	Exper. verified		Refer Ref	
School	Position	Total Cred. Exper		Refer on File	
Degree	Contract length		Out of State	Insurance	

AN EQUAL OPPORTUNITY EMPLOYER

INFORMATION FOR APPLICANT - Please complete all items on this application form accurately and in detail. You should request your college placement office to forward your up-to-date credentials; enclose a copy of your Oklahoma Teaching Certificate and all college transcripts. Personal interviews are required prior to consideration for employment. This application will remain on file for a two-year period; if you wish to be considered for employment following that time you must re-apply. Applicants will be selected for interviews based upon information provided in this application and position openings.

1. By affixing my signature I affirm that all information set forth in this application is accurate, truthful, and complete. I understand that, if employed, false or misleading statements given in this application or interview(s) may result in discharge.

Social Security Number		SIGNATURE	
2.			
	Last Name	First Name	Middle Name
			Other Names(s) Under Which Your Records Might Appear

Social Security Name, if different _____

3. Present Address: Until _____ Permanent Address (If not Same): _____

Street _____ Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Telephone AC() _____ Telephone AC() _____

4. Name, address, and telephone of someone who will always know your address. Do not list spouse.

Name: _____ Street: _____ City & State: _____ Zip: _____

Name: _____ Street: _____ City & State: _____ Zip: _____

5. Indicate in this section the area(s) for which you wish to be considered for employment; you may check more than one area.

Elementary Classroom (K-5)
List Grade Levels In Order of Preference.

Middle School Classroom (6-8)
Specify Subject Endorsements

Special Education

Early Childhood
 Elem. Music
 Elem. Physical Education
 Elem. Reading
 Librarian

Type of Application:

Full-Time only
 Part-Time Only Any Available

List activities you are willing to coach/sponsor _____

6. Present Position _____ 7. Salary _____

8. Date of Application _____ 9. Date Available for Employment _____

10. Secondary Schools

Name of School Attended	City and State	Approx No. of Students	No. Years Attended	Date of Graduation

a. List activities in which you participated and honors received _____

11. Undergraduate Institutions

Name of School Attended	City and State	Dates		Date of Grad	Degree	GPA	Sem Hours Credit
		From Mo/Yr	To Mo/Yr				
a. Major _____ No. Sem. Hrs. _____ TOTAL SEMESTER HOURS Minor _____ No. Sem. Hrs. _____							

b. List activities in which you participated and honors received _____

12. Graduate Institutions

Name of School Attended	City and State	Dates		Date of Grad	Degree	GPA	Sem Hours Credit
		From Mo/Yr	To Mo/Yr				
a. Course of Study: Masters _____ TOTAL SEMESTER HOURS Specialist's _____							

b. Thesis and/or Dissertation _____

c. Publications _____

d. List activities in which you participated and honors received _____

13. Indicate the college or university placement office at which your placement credentials are on file.

Check One: Papers have been forwarded to Whitebead School
 Papers will be forwarded on this date _____
 Placement office has not been requested to forward papers.

14. CERTIFICATION INFORMATION -

STATUS OF OKLAHOMA TEACHING CREDENTIALS (Circle One): current pending incomplete expired

Oklahoma State Department of Education Certificate # _____

Class: (Circle One) Standard License Provisional I, II, or III Alternate Emergency

Code	Subject(s)	Type	Level	Expiration Date

Out of State Certification - State: _____ Certificate # _____

Code	Subject(s)	Type	Level	Expiration Date

Attach Photo

- Optional -

15. TO THE APPLICANT—In your own handwriting provide personal, voluntary, special licenses or professional training which you feel would be helpful in becoming better acquainted with you and in evaluating your qualifications. You may attach additional pages, if needed.

16. Have you ever been employed by this school district? Yes _____ No _____ If yes, Dates _____
Position? _____ Under what Name? _____
17. Do you have a relative who is either a member of the Whitebead Board of Education or who is employed in any capacity in the Whitebead School? Yes _____ No _____ If yes, please give the following information:
Name of Relative _____ Relationship _____ Position Held _____
18. If appointed to the staff, are you willing to accept assignments where your services are needed? Yes _____ No _____
19. Have you ever had a certificate revoked or suspended? _____
20. Have you ever surrendered a certificate before its expiration? _____
21. Have you ever resigned a position as part of an agreement to avoid certificate revocation? _____
22. Have you ever been released or have you resigned from school-related employment because of misconduct or unsatisfactory service? _____
23. Have you ever resigned a school-related position as part of an agreement to avoid dismissal? _____
24. Have you been convicted for any violation of the law other than minor traffic offenses? _____ Date of Conviction _____
Please explain _____
25. Are you currently on parole or probation? _____

26. **PROFESSIONAL EXPERIENCE** - Starting with the most recent year, list complete years of full-time teaching. DO NOT list partial years, student teaching, para-professional positions, or substitute teaching.

Complete Years	Number Months	School, Complete Address, Phone	Assignment (Subject, Grade Level, Administrative, Etc.)	Supervisor Name/Title	Reason For Leaving
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					

Total creditable years teaching experience _____

27. Use the following space to provide employment information, including dates, not included in item 26. Enclose a separate sheet if you find this space inadequate. Items 26 and 27 together should show your complete employment history.

Complete Years	Number Months	Employer, Address, Telephone	Job Assignment	Supervisor Name/Title	Reason For Leaving
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					
19__ 19__					

28. **REFERENCES** - Please list the names of four persons, including previous employers, whom you authorize the Whitebead School District Personnel Office to contact for references concerning your qualifications. Indicate if addresses and telephone numbers are at businesses or homes.

Name	Title	Address, Telephone Include ZIP & Area Codes	Dates Associated

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 The Whitebead School District does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disabled status, or any other legally protected status.
