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|--------------------------|---------------------|--|---------------------|--|---------------------|--|---------------------|--|
| To be Completed by Staff | Interview Scheduled | | Interview Completed | | Interview Scheduled | | Interview Completed | |
|--------------------------|---------------------|--|---------------------|--|---------------------|--|---------------------|--|

CERTIFIED PERSONNEL EMPLOYMENT APPLICATION

Eufaula Independent School District Number 001

215 North 6th Street
 Eufaula, Oklahoma 74432-2428
 phone 918-689-2152 fax 918.689.1080

Date _____

BACKGROUND STATEMENT

I have read, completed, and signed the attached *Background Statement* and understand that Eufaula Schools will run a personal background check prior to my employment by the school district.

EQUAL OPPORTUNITY EMPLOYER

It is the policy of Eufaula Public Schools to provide equal opportunities for employment, retention, rehire, transfer and reassignment, and advancement of all persons regardless of age, race, color, creed, national origin, veteran status, political affiliation, religion, disability, or gender. NOTE: To remain active, applications must be renewed or updated every twelve months

PERSONAL DATA

| Last Name | First Name | Middle Name | Home Phone | Work Phone | Other Phone |
|-----------------|------------|-------------|------------|------------|--------------------------|
| | | | | | |
| Present Address | | City | State | Zip | How Long at This Address |
| | | | | | |
| Last Address | | City | State | Zip | How Long at This Address |
| | | | | | |

POSITION FOR WHICH YOU ARE APPLYING: *List Grades and Subjects in Order of Preference:*

Early Childhood (K) _____

Elementary (Grades 1-5) *List Grade Preferred* _____

Middle School (Grades 6-8) *List Grade Preferred* _____

High School (Grades 9-12) *List Grade Preferred* _____

School Psychologist ~ School Nurse ~ Media Specialist ~ Counselor _____

Coach - *List Grade Level Preferred and List Each Sport* _____

Administrator - *List Administrative Level Preferred* _____

PROFESSIONAL REFERENCES *(List 4) List only those persons who are qualified to evaluate our qualifications.*

| NAME | OFFICIAL POSITION | ADDRESS | PHONE | CITY | STATE | ZIP CODE |
|------|-------------------|---------|-------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

EDUCATION AND PROFESSIONAL TRAINING

| High School | | | City | | | State | |
|-----------------------|------|-------|---------------------|-------------------|-----------------|----------------|---|
| | | | | | | | |
| College or University | City | State | Dates Attended FROM | Dates Attended TO | Degree Received | Date of Degree | Total Semester Hours Earned in Each School. If Qtr. hours, please indicate. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| |
|--|
| Total Semester hours of College Credit |
| |

| Undergraduate Area of Specialization | Major | Minor |
|--------------------------------------|-------|-------|
| | | |

| Graduate Area of Specialization | Major | Minor |
|---------------------------------|-------|-------|
| | | |

| College Activities in which you participated | Hobbies/Sports/Special Interests |
|--|----------------------------------|
| | |

PRACTICE TEACHING (If Entry Year)

| School Name | Address | Principal | Phone | Supervising Teacher | Phone |
|-------------|---------|-----------|-------|---------------------|-------|
| | | | | | |

Do you hold an Oklahoma Teaching Certificate? YES NO

Expiration Date _____

Type Certificate: _____

License Number: _____

| Subject | Subject | Subject | Subject | Subject | Note |
|---------|---------|---------|---------|---------|------|
| | | | | | |

TEACHING EXPERIENCE

| Date FROM | Date TO | Name of Employer | Address | Rank or Position Held | Reason for Leaving or Type of Discharge |
|-----------|---------|------------------|---------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

List Annual Salary of Last Teaching Position Held: _____

Activity or Activities you would be willing to sponsor: _____

COMPLETE THE FOLLOWING QUESTIONS

1. Have you ever been convicted of a felony? Click YES NO
2. Are you able to perform all tasks as according to the job description for this position? Click YES NO
3. Are you currently under contract? YES NO If "YES," where are you working? _____
4. When are you available to begin employment with Eufaula Public Schools? _____

NON TEACHING EXPERIENCE ~ *Include Military Service Record*

| Date FROM | Date TO | Name of Employer | Address | Rank or Position Held | Reason for Leaving or Type of Discharge |
|-----------|---------|------------------|---------|-----------------------|---|
| | | | | | |
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| | | | | | |
| | | | | | |

Submit a Resume, Copies of Transcripts and a Copy of your Oklahoma Teaching Certificate with Completed Application to:

Eufaula Public Schools
215 N. 6th Street
PO Box 609
Eufaula, OK 74432-2428
(918) 689-2152

AGREEMENT

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at any time during my employment

I agree, if employed, to follow all rules and regulations of this school district.

I agree to promptly notify the school district personnel of any change of address during my employment.

Signature: _____ Date: _____

Eufaula Public Schools
Background Check Consent Statement

I acknowledge that I have received a conditional offer of employment from Eufaula Public Schools contingent on the district requesting a background check. The background check will consist of a criminal history check and a sex offender registry check to be used solely for employment related purposes.

I understand that Eufaula Public Schools offer of employment is contingent upon the receipt and evaluation of the background check report.

I am providing the school district with my social security number and date of birth to permit a background check to occur.

Failure to provide consent or the required information after receipt of an offer of employment will result in the withdrawal of any offer of employment with Eufaula Schools. If Eufaula Schools hires me, it may request such additional reports about me for employment related purposes during the course of my employment. I understand that if Eufaula Public Schools hires me, my consent will apply throughout my employment to the extent permitted by law.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of criminal history and sex offender registry reports to Eufaula Public Schools within the terms of this Statement.

This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Eufaula Public Schools may request.

Signature of Applicant _____

Date: _____

Date of Birth _____

Social Security Number _____