

# Substitute COOK Application

**A W-4 form must be on file at the administration office located at the address below prior to substituting.**

## Eufaula Public Schools

215 North 6th Street  
Eufaula, Oklahoma 74432-2428  
918.689.2152

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 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

## EDUCATION

High School Diploma YES  NO  Name of High School \_\_\_\_\_ State \_\_\_\_\_

College(s) Attended \_\_\_\_\_

Major \_\_\_\_\_ Degree Earned YES  NO

Teaching Certificate: YES  NO  *If you do have a teaching certificate, please include a copy with this application*

## EXPERIENCE

Name of High School \_\_\_\_\_

Name of Middle School \_\_\_\_\_

Name of Elementary School \_\_\_\_\_

Do you have a preference? YES  NO  If Yes, please list your preference. \_\_\_\_\_

Comments:

Applicant's 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 \_\_\_\_\_