

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

## Support Personnel Employment Application

**Eufaula Independent School District Number 001**

Date: \_\_\_\_\_

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

### 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 month

### PERSONAL DATA

Last Name	First Name	Middle Name	Home Phone	Work Phone	Cell Phone	Social Security #

Present Address: City, State, Zip Code

Previous Address: City, State, Zip Code

How long at this address? \_\_\_\_\_

How long at this address? \_\_\_\_\_

Hobbies-Sports-Special Interest

Are You a Citizen of the United States of America? Click YES  or NO

Have You Been Employed by this School District? YES  NO  If YES, When \_\_\_\_\_ What Site \_\_\_\_\_

Do You Have Relatives Working for this District? YES  NO  If YES, Who? \_\_\_\_\_

Referred to this District by: \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Have You Ever Been Convicted of a Felony? Click YES  or NO

If Above Answer is "YES", Explain \_\_\_\_\_

Is there any reason why you cannot consistently and promptly perform all tasks as required by the job description?

YES  NO  IF "YES", please explain:

**REFERENCES:** List the names of three references (Not Relatives ) to whom we may refer

NAME	OCCUPATION	ADDRESS	PHONE

**EDUCATION**

Schools Attended	Address	No. of Years Attended	Date Graduated	Type of Course or Degree Earned

*If You Have Attended College, Please submit Transcripts.*

**EMPLOYMENT HISTORY (at least five years)**

Name of Employer	Address / Zip Code	Date FROM	Date TO	Yearly Salary	Reason for Leaving

**MILITARY SERVICE**

Branch of Service	Date Entered	Date Discharged	Rank	Type of Discharge	Present Membership in Military: List Reserve or Unit

Explain your National Guard or Reserve commitment:

\_\_\_\_\_

\_\_\_\_\_

What is your present Selective Service classification:

\_\_\_\_\_

Have you ever worked with children?  
If so, where.

YES \_\_\_\_\_ NO \_\_\_\_\_

Briefly describe past experience or training that is directly related to the position for which you are applying.

If you are applying for a secretarial position, briefly describe your computer and accounting skills and training.

If applying for a position which requires transporting students, answer the following questions:

Have you ever driven a bus	If YES, who was your employer	How many years	Type of bus	Have you received a traffic citation within the previous five years If YES, Give Details	Do you have a commercial drivers license with a passengers endorsement	Expiration Date

Commercial Drivers License Number: \_\_\_\_\_

**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 the district.

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

***Do Not Write Below This Line***

This applicant was interviewed by: _____		Date: _____
Remarks: _____ _____ _____		
Date Employed _____	Reporting Date _____	Position _____
School or Department _____	Building Assignment _____	
Salary _____	Hours _____	

**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 \_\_\_\_\_