Application for Support Position Lone Star School 2945 S. Hickory Ave. Sapulpa, OK 74066 (918) 224-0201

PERSONAL DATA

Current Date

Date Available for Employment

Last Name First Name Present Address:			Middle Temporary until:	Social Security No.			
Street	City	State	Zip	Telephone			
Emergency Address:							
Street	City	State	Zip	Telephone			

EDUCATION

Name and address of last school attended

Circle highest grade completed

Grade: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Date graduated:

Other

Date received G.E.D. Certificate:

EMPLOYMENT RECORD (List most recent employment first)

EMPLOYER

PHONE

ADDRESS

CITY AND STATE

Fax application to 918-224-3927

POSITION

DATE FROM

DATE TO

EMPLOYER

PHONE

ADDRESS

CITY AND STATE

POSITION

DATE FROM

DATE TO

Why do you desire to leave your present position: or if unemployed, why did you leave your last position?

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making application? __Yes__No

Would you be able to perform the duties required with an accommodation? __Yes__ NO If yes, to either of the above questions, please explain.

FELONY QUESTIONNAIRE

Have you ever:

- (a) Entered a plea of guilty or nolo contendere to a state or federal felony charge? Yes_No_
- (b) Been convicted of a state or federal felony offense? Yes_ No
- (c) Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? Yes_ No.
- (d) Entered a plea of guilty or nolo contendere to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? Yes_ No_

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If yes to any of the above, please complete the following:

Type of Violation	Date	Place (City, State)
1.		
2.		
3.		

POSITION FOR WHICH APPLYING AND EXPERIENCE

Custodial If you have experience in this area, please describe briefly

Teacher Aide If you have experience in this area, please describe briefly

Secretary If you have experience in this area, please describe briefly

Food Service If you have experience in this area, please describe briefly

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of the application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the District. I understand the application will remain active for one year after its completion and that I must notify the District if! wish to be considered beyond that period. All persons, firms and entities listed in this application are hereby authorized to release any information or records concerning me to the District and are released by me from any liability as a result of furnishing records and information.

Interviewers Comments

day of	20	
		Signature of Applicant