

Application for Certified Position
LONE STAR SCHOOL
2945 S. Hickory St.
Sapulpa, Oklahoma 74066
(918) 224-0201

Elementary School
District 8
Creek County

Application

PERSONAL DATA

Current Date

Date Available for Employment

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

Street	City	State	Zip	Telephone
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POSITION FOR WHICH YOU ARE APPLYING (Please list subjects, grades in order of preference)

Grade (List at least three choices)

Elementary School
(Grades K-5)

(List only subjects for which certified and number of hours in each subject)

Middle School
(Grades 6-8)

(Administrative, Supervisory, Psychometrist, Counselor, other.)

Fax application to 918-224-3927

ACADEMIC PREPARATION

	Name and Location of School	Date of Entry	Date of Withdrawal	Major	Minor	Name and Date of Degree
High School						
College or University						
College or University						

____ Bachelor's Degree ____ Bachelor's + 15 Hrs. ____ Bachelor's + 30 Hrs. ____ Master's Degree

HONORS AND ACHIEVEMENTS

List any honors or awards received in college, community, or professional endeavors which would assist us in evaluating your application. _____

NOTICE TO APPLICANT

Elementary District D-8 of Creek County, Oklahoma does not discriminate in employment policies regarding selection, transfer promotion, termination, compensation, or other benefits on the basis of race, creed, national origin, color, religion, age, qualified individual with a disability, or sex; not does the district discriminate in educational programs or activities.

“An Equal Opportunity Employer”

CERTIFICATION

List the Oklahoma certificates you now hold.

Oklahoma Certification/License	Date Issued	Date of Expiration	Teaching Fields

Out of State Certificate	Date Issued	Date of Expiration	Teaching Fields

EXPERIENCE IN SCHOOL WORK

Experience in school work, as requested hereunder, should include only teaching or administrative experience in a duly accredited private or public school, college or university, on a regular basis as accepted by the Oklahoma State Department of Education. Do not include part-time substitute or student teaching experiences.

Schools	Location Town or City	State	Date	Number of Years	Subject or Grade Taught Or Other Assignment

PERSONAL INFORMATION

If you have a relative who works for the Lone Star School or who serves as a member of the Board of Education, please give the name and position.

Name_____ Position_____

List below any years of active military services.

Dates of Service_____ Total years of service_____

Have you ever been involuntarily terminated from the employment of another school district? __Yes__ No

If yes, please give name of district, the date and the reasons for the termination.

Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application? __Yes__ No

Would you be able to perform the duties required with an accommodation? __Yes__ No

If yes, as to either of the above questions, please explain.

Are you a citizen of the United States? __Yes__ No

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

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

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

REFERENCES

University address and phone number where placement file is located: (if applicable)

_____()_____
 University addresses City State Zip Telephone Number

References submitted should consist preferably of school people. Experienced teachers should submit names of former principals or supervisors and inexperienced teachers should submit names of supervising teachers in their student teaching experience. Please print

Name	Mailing Address	Position	Telephone Number
Name	City		
Address	State/Zip		
Name	City		
Address	State/Zip		
Name	City		
Address	State/Zip		
Name	City		
Address	State/Zip		
Name	City		
Address	State/Zip		

SCHOOL SERVICE

In your own handwriting, please express your views as to why and how you could be a successful member of the Lone Star School staff. Your remarks should be limited to this page.

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 that the application will remain active for one year after its completion and that I must notify the District if I 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.

_____ day of _____, 20_____

Signature of Applicant

(To Be Completed By Personnel Staff)	Application Acknowledged	Reference Request	Interview Scheduled	Interview Completed
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