



## EDUCATION

Complete Information Requested for Each Level of Education	School Name and Location, City & State	Number of Years Completed	Type of Certificate, Diploma, Degree & Major
High School			
College or University			
Military School(s) Apprenticeship, or Other Trade or Technical Training Programs			

Please continue on a separate sheet of paper if you need additional space.

## SUMMARY OF EMPLOYMENT EXPERIENCE

\_\_\_\_\_ 1. Total Years Experience in Education (Teaching, Administrative, or Supervisor)

\_\_\_\_\_ 2. Total Years Experience in similar position.

\_\_\_\_\_ 3. Total Years of Experience in Business, Industry, Agriculture, or Military Service Related to Your Area of Specialization

May we contact your present employer for reference?    Yes    No

## TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification on Oklahoma?    Yes    No

If yes, list type, number and expiration date of certificate:

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you do not qualify for a Standard Teaching Certificate in Oklahoma, are you willing to work toward completion of the minimum requirements for your area of specialization?    Yes    No

Are you licensed or certified by any trade or profession?    Yes    No

If yes, indicate kind of license or certificate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Specific Information regarding teaching certification may be obtained by writing to Vocational Teacher Certification, State Department of CareerTech, 1500 West Seventh Ave., Stillwater, OK 74074

**Attach a copy of your Oklahoma Teaching Certificate, license or certificate to this application.**

## EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions and include military experience. Continue on a separate sheet of paper if you need additional space.

Dates Employed		Name and address of Employer	Summary of Work Performed
From	Mo      Year		
To	Mo      Year		
Job Title:			
Supervisor:			
Reason for Leaving:			

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From	Mo      Year		
To	Mo      Year		
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Dates Employed		Name and address of Employer	Summary of Work Performed
From	Mo      Year		
To	Mo      Year		
Job Title:			
Supervisor:			
Reason for Leaving:			

**GENERAL INFORMATION**

List any professional activities or other information pertinent to this application. Please continue on a separate sheet of paper if you need additional space.

**REFERENCES**

Name	Address	City	State	Zip Code	Phone

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. The information is provided to acquaint the interviewer with my qualifications. I understand completion of this application does not constitute an offer of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all laws, policies, rules and regulations of the Board of Education and Administration of EOC Technology Center District 23, the State Department of Career *Tech*, and the State of Oklahoma. I authorize you to refer to any former employers or others to verify statements made.

\_\_\_\_\_
Legal Signature of Applicant

\_\_\_\_\_
Date

**FOR USE BY ADMINISTRATIVE PERSONNEL ONLY**

Interviewed: ( ) No ( ) Yes Date: \_\_\_\_\_ Time \_\_\_\_\_

Employed: ( ) No ( ) Yes Effective Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Position: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_
Signature

\_\_\_\_\_
Position

\_\_\_\_\_
Date

**AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYEE QUESTIONNAIRE

Please provide the following information. It will be of assistance to the school district in conjunction with our Affirmative Action Program and will not be used for discriminatory purposes. **This is strictly voluntary.**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex:    Male    Female

Position applied for \_\_\_\_\_

## RACIAL/ETHNIC GROUP

Black or African American    American Indian or Alaskan Native    White

Hispanic or Latino    Asian or Pacific Islander

Other Race/Ethnic Origin, specify \_\_\_\_\_

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Please check all that apply to you.

### **SPECIAL DISABLED VETERAN**

- (i) a veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability.
  - (a) Rated at 30 percent or more, or
  - (b) Rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 of Title 38, U.S.C., to have a serious employment handicap; or
- (ii) a person who was discharged or released from active duty because of service-connected disability.

### **VETERAN OF THE VIETNAM-ERA**

A person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975, and

- (i) Was discharged or released there from with other than a dishonorable discharge, or
- (ii) Was discharged or released from active duty because of a service-connected disability.

### **NEWLY SEPARATED VETERANS**

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

### **OTHER PROTECTED VETERANS**

Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.