

Application
*Boone-Apache
Public Schools*



District I-56

Apache, Oklahoma

Name

LAST

FIRST

MIDDLE

Date

Position Desired

(INDICATE POSITIONS DESIRED IN ORDER OF PREFERENCE)

Boone-Apache Public Schools

AN EQUAL OPPORTUNITY EMPLOYER

Name _____ Social Security No. _____
LAST FIRST MIDDLE

Street Address _____ Phone _____

City _____ State _____ Zip Code _____ How Long at this Address? _____

Permanent Address same _____

Hobbies-Sports-Special Interest _____ Are You a Citizen of the U.S.A.? _____

Have You Ever Been Employed by this District? _____ When _____ School or Department _____

Name Relatives or Friends Working for this District _____

Referred to this District by _____ Friend _____ Relation _____

In Case of Emergency Notify _____ Relationship _____

Street Address _____ City _____ State _____ Phone _____

Have You Ever Been Convicted of a Crime (Other than Traffic Violation) Yes _____ No _____

If Above Answer is "YES" -- Explain _____

Do You Have Any Physical Impairment That Would Interfere With Your Performance in the Position for Which You are Applying?

LIST NAMES OF THREE REFERENCES (Not Relatives) TO WHOM WE MAY REFER

NAME	RELATIONSHIP	PHONE	ADDRESS

EDUCATION

NAME & LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DATE GRADUATED	TYPE OF COURSE
Elementary School			
High School			
Post High School			
Post High School			

EMPLOYMENT HISTORY

(Cover at least last five years)

NAME & ADDRESS OF EMPLOYER	DATE Month - Year	POSITION	SALARY	REASON FOR LEAVING
Name _____ Address _____ City _____ Supervisor _____	From _____ To _____			
Name _____ Address _____ City _____ Supervisor _____	From _____ To _____			
Name _____ Address _____ City _____ Supervisor _____	From _____ To _____			
Name _____ Address _____ City _____ Supervisor _____	From _____ To _____			
Name _____ Address _____ City _____ Supervisor _____	From _____ To _____			

(Please Attach Additional Information Sheet If Necessary)

TEACHER CERTIFICATION INFORMATION (Teacher Applicants Only)

Okl. Cert. Number _____ Date of Expiration _____

Type Cert. _____ Check Areas of Approval

Indicate certification areas: _____

(Attach Transcript and Copy of Certificate)

Check Type of Position for Which You Are Qualified

- | | | |
|----------------------------|---------------------------|--------------------------|
| _____ Secretary | _____ Playground Aide | _____ Cafeteria Helper |
| _____ Clerk Typist | _____ Cafeteria Aide | _____ Truck Driver |
| _____ File Clerk | _____ Nurse | _____ Bus Driver |
| _____ Switchboard Operator | _____ General Maintenance | _____ Auto Mechanic |
| _____ Bookkeeper | _____ Custodian | _____ Other (List Below) |
| _____ Teacher Aide | _____ Cook Manager | _____ |

Answer the Following Questions Only if Applying for a Position in the Transportation Department:

Otherwise, Proceed to the Agreement Section

Have You Ever Driven a Bus? _____

If so: Where _____

How Many Years? _____

Type of Bus _____

What Other Driving Experience Have You Had? (Give years experience)

Car _____

Truck _____

Others _____

Do You Have a Chauffeurs License? _____ Expiration Date _____

Chauffeurs 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 ANYTIME DURING MY EMPLOYMENT.

I AGREE, IF EMPLOYED, TO FOLLOW ALL RULES AND REGULATIONS OF THE DISTRICT.

I UNDERSTAND BY STATE LAW THE BOARD OF EDUCATION MUST REQUIRE ALL EMPLOYEES TO SUBMIT A HEALTH CERTIFICATE FROM THEIR PHYSICIAN ALONG WITH A CHEST X-RAY REPORT OR TINE TEST YEARLY. I FURTHER UNDERSTAND AND AGREE THE PHYSICAL AND TUBERCULIN TEST WILL BE AT MY EXPENSE.

I AGREE TO PROMPTLY NOTIFY THE DISTRICT OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____	Date _____		
Remarks _____			
Date Employed _____	Reporting Date _____	Position _____	
School or Department _____	Building Assignment _____	Salary _____	Hours _____