Application for Support Position

WARNER PUBLIC SCHOOLS

Rt. 1 Box 1240 Warner, OK 74469 (918) 463-5171

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	EXCELLENCE

Current Date	

Date Available for Employment____

Last Name	First Name	Middle Name	Social S	ecurity Number
Present Address:				
	Street	City	State	Zip
Telephone:		Emergency Te	lephone:	

EDUCATION

Name and address of last scho	ol	att	en	de	d:			-	_								
Circle High Grade Completed:	1	2	3	4	5	6	7	8	9	10	11	12	College:	1	2	3	4
Other:									D	ate	Gra	duated:			_	-	

Date received G.E.D. Certificate:

EMPLOYMENT RECORD

		Address	S		Date		
Employer	Phone	City and State	Position	From	To		
			}				
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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 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

If you have relatives who work for Warner Public Schools, or who serves as a member of the Board of Education, please identify and list:

NOTICE TO APPLICANT

Independent School District I-74 of Muskogee County, Oklahoma does not discriminate in employment policies regarding the 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; nor does the district discriminate in educational programs or activities.

"An Equal Opportunity Employer"

FELONY QUESTIONNAIRE

Have you ever:

- Entered a plea of guilty or nolo contendre to a state or federal felony charge? (a) Yes ___No
- (b)
- Been convicted of a state or federal felony offense? __Yes __No 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 contendre**? (c)
- __Yes __No Entered a plea of guilty or nolo contendre to, or been convicted of, a state or federal (d) 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	

ON THE FOLLOWING PAGES, PLEASE COMPLETE THE SECTION(S) **APPROPRIATE FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING**

CUSTODIAL
Have you had previous custodial experience?YesNo
If yes, please describe:
Types of Experience: (Answer yes or no to each of the following categories)
Floor Waxing Buffing Window Cleaning Carpet Cleaning
Delivery Truck/Bus Driving Light Maintenance Work
Do you hold a current Oklahoma Driver's License?YesNo
Do you hold a current CDL?YesNo. If yes please list your approved areas:
Hours Available: Day shiftYesNo Part timeYesNo
MAINTENANCE
Types of Experience: (Answer yes or no to each of the following categories)
Carpentry Masonry Plumbing Electrical Painting
Heating/Air Conditioning Locksmith Welding Other
Please describe any special training or experience you have received in any of the above:
Do you hold a current Oklahoma Driver's License?YesNo Do you hold a current CDL?YesNo. If yes please list your approved areas:
Hours Available: Day shiftYesNo Part timeYesNo

GROUNDS KE	EPER			
Types of experie	nce: (Answer yes	or no to each of	the following categorie	es)
Lawn Maintena	nce Tree/	Shrub Trimmin	g Landscaping	
Can you operate	any of the follow	ing? (Answer y	es or no to each of the fo	ollowing categories)
Tractor	Box Blade	Mowers	Power Edgers	Chain Saws
Weed Eater	Other			
Please describe	any special train	ning or experie	nce you have received	in any of the above:
11				

TEACHER'S ASSISTANT				
Have you had experience in a	school setting?	Yes	No	
Have you had experience or tr	aining in working	with handicapp	ed children?Yes	No
Describe you experience work	ing with children:			
What level do you prefer?				
What other skills do you have	that would be be	neficial in this p	osition?	

SECRETARY					
Types of experience: (Answer ye	s or no to each of	the following	ng categ	ories)	
Shorthand(WPM)	Filing	Te	en Key	Adding	Machine
Electric Typewriter (WPM)				
Computer Experience:					
Word Processing	Program(s) Used			
Spreadsheet	Program(s) Used			
Data Base	Program(s) Used			
Other	List Softw	are Used			
Have you had experience in a so	chool setting?	Yes	N	o. If yes,	please describe
your experience:					
FOOD SERVICE					
Types of experience: (Answer ye	es or no to each of	the followi	ng categ	ories)	
Baking Salad/Veget					eparation
Cashier Dish Washing_	~				
Do you have a Muskogee County				No	
Describe any special training o					he above areas:
Hours Available: Day shift	YesNo	Part	time _	Yes	No

____day of ____

. 19____

Applicants Signature

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. Further more, 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.