Application for Certified Position

WARNER PUBLIC SCHOOLS

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



PERSONAL DA	TA	Current Date					
	D	ate Avai	lable for Emp	oloyment	positive to		
Last Name	First Name		Middle	VALUE OF THE STREET	Social S	ecurity Number	
Present Address:	Present Address: Temporary Until:		10 14516 14 15 16 15 15 15 15 15 15 15 15 15 15 15 15 15				
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Street	City		S	tate		Zip Code	
Permanent Addre	ess:					Bendal)	
Street	City		St	tate	1	Zip Code	
Grade (List at least three choices) Elementary School (Pre-K - 5)			(List only subjects for which certified and number of hours in each subject) High School (9 - 12)				
(List only subjects for which certified and number of hours in each subject) Middle School (6-8)		d and	(Administrative, Supervisory, Counselor, other)				
ACADEMIC PREPARENT	ARATION ame and Location	Date of	Date of	Main.	sie sy con	Dates of Se	
ath London tag each to	- Inc and Docation	Entry	Withdrawal	Major	Minor	Name and Date	
High School College or			1000		100	e ver seen	
University	The ty entage equ	SVIII OF	c and 1957 17	ENTARIO.		545 9590 C 13	
Bachelor's Degree		verelated deg	Master's I	Degree	Hou	ars Over	
Indergraduate Grade		egotana i Soutana	Think beg n				
HONORS AND ACE List any honors or aw would assist us in eva	ards received in	college, c	community,	or profes	sional en	deavors which	
ndependent School Distri election, transfer, promot rigin, color, religion, age ducational programs or ac	ct I-74 of Muskoge tion, termination, co e, qualified individua	e County of	n or other ber	ninate in er	hasis of ra	ce creed national	
- F G WILL		Opport	unity Empl	oyer"			

CERTIFICATIONList the Oklahoma certificates you now hold.

	na License	Date Issued		te of ation	Teaching Fields	
Out of St Certification/I		Date Issued	Date of Expiration		Teaching Fields	
sperience in a du	ool work, as requily accredited or Oklahoma Stat	uested here, r public sch e Departme	ool, colleg	ge, or unive	teaching or administratersity, on a regular basis Do not include part-time	
Schools	Location (Town or City)	State	Date	Number of Years	Subject or Grade Taught or Other Assignment	
ame			Position	1		
ist below any yea			:			
ist below any yea				otal Years	of Service	
ates of Servicelave you ever beeNoeasons for the ter	n involuntarily t	terminated i	from the e	employmen ame of the	t of another school district, the date, and	
lates of Service	n involuntarily to the control of th	terminated f s, please gi u would not an applicat m the dutie	from the over the national state of the stat	employmen ame of the to perform No accommod	t of another school district, the date, and the duties required ofYes ation?Yes	
lave you ever been now you ever been now easons for the terms of yes, would you be fives, as to either	n involuntarily to the involuntarily to the above question.	terminated fines, please given would not an applicate mestions, please	from the over the name of the state of the s	to perform No accommod	t of another school distri	
lates of Service	n involuntarily toYes If yet mination: any reason you are making to eable to perform of the above questions.	terminated for some services of the duties o	from the even the name of the state of the s	to performNo accommod	t of another school district, the date, and the duties required ofYes ation?Yes	

FELONY QUESTIONNAIRE

Have you ever:				
	of nolo contendere to	a state or fode	mal falamy ah anna	9 W. M.
	of a state or federal felon	a state of lege	Vac No	YesNo
(c) Been charged	with a state or feder	ral felony of	fense which we	s reduced to a
misdemeanor of	fense to which you enter	red a plea of m	olo contendere	Vos No
(d) Entered a plea	of guilty or nolo conter	dere to, or b	een convicted of	a state or federal
misdemeanor c	harge involving illegal	chemical subs	stances or illegal	sexual activity?
YesNo	5		or mogar	beauti activity.
If yes to any of the	above, please explain a	nd give the fo	ollowing details (type of violation,
date of viola	tion, city and	state o	f violation	and court
appearance):				
REFERENCES				
University addresses	and phone number whe	re placement	file is located (if a	applicable):
University or College	Address	City	State	Zip Code
×			2000	zip code
Area Code	Telephone Number			
	reselvante raturoer			
2.6				

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.

Name	Complete Mailing Address	Position	Telephone No
Name	City		AC()
Street/Box	State/Zip		
Name	City		AC()
Street/Box	State/Zip		
Name	City		AC()
Street/Box	State/Zip		
Name	City		AC()
Street/Box	State/Zip		s na čestí vyteko ugo
Name	City	त्र विकास स्थापनी स्थापनी है। इ.स.च्या विकास सम्बद्धित है। इ.स.च्या विकास सम्बद्धित है।	AC()
Street/Box	State/Zip		Sept of test forms

SCHOOL SERVICE

In your own handwriting, please express your views successful member of the Warner Public Schools staff. the area on this page.	s as to Your	why and remarks	d how you should be	could be a limited to

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	Ci
		Signature of Applicant