

CERTIFICATION

List the Oklahoma certificates you now hold.

| Oklahoma Certification/License | Date Issued | Date of Expiration | Teaching Fields |
|--------------------------------|-------------|--------------------|-----------------|
| | | | |
| | | | |

| Out of State Certification/License | Date Issued | Date of Expiration | Teaching Fields |
|------------------------------------|-------------|--------------------|-----------------|
| | | | |

EXPERIENCE IN SCHOOL WORK

Experience in school work, as requested here, should include only teaching or administrative experience in a duly accredited 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 experience.

| 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 Warner Public Schools 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 service:

Dates of Service _____ Total Years of Service _____

Have you ever been involuntarily terminated from the employment of another school district:

____ No ____ Yes If yes, please give the name of the 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? ____ No ____ Yes

If yes, would you be able to perform the duties 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 **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 **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 explain and give the following details (type of violation, date of violation, city and state of violation and court appearance): _____

REFERENCES

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

| University or College | Address | City | State | Zip Code |
|-----------------------|---------|------|-------|----------|
| | | | | |
| | | | | |

| Area Code | 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.

| 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 | | |
| Name | City | | AC () |
| Street/Box | 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 Warner Public Schools staff. Your remarks should be limited to the area on 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