

PURCELL SCHOOL DISTRICT

APPLICATION FOR CERTIFIED POSITION

Notice to Applicant:

Independent School District No. 15 of McClain County, Oklahoma, does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, age, national origin, disability or status as a Vietnam era or disabled veteran. Our anti-discrimination policy encompasses recruitment, selection, assignment, promotion, transfer, termination, compensation, training, and all other terms, conditions, benefits and privileges associated with employment. This policy also extends to the education programs and activities operated by the District.

When you have properly filled in this application, mail or return it to Purcell Public Schools, Personnel, 919 North Ninth Street, Purcell, Oklahoma 73080. All statements must be clear, concise, and true; otherwise, any appointment made may become invalid at once.

The following credentials will be required of all employees for any classified assignment in the Purcell School System: Properly completed application; Application for Felony Offense Records; Loyalty Oath Executed before a Notary Public; 1-9 form; Form W-4, Employee's Withholding Exemption Certificate.

A. PERSONAL INFORMATION

CURRENT DATE: _____

Last Name	First Name	Middle Name	Social Security Number
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E-mail address: _____

Telephone: () _____ Cell Phone: () _____

Present Address

Street	City	State	Zip
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Permanent Address

Street	City	State	Zip
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In case of an emergency, please notify _____

_____ Telephone () _____ Cell Phone () _____

Do you have a relative who is a member of the Purcell School District Board of Education? __ Yes __ No

If Yes, please give the relationship: _____

B. EMPLOYMENT CHOICE

1. Type of Application

a. Full-Time Only _____ b. Part-Time Only _____ c. Either _____ d. Substitute _____

2. Position For Which You Are Applying
(List 1st, 2nd, and 3rd preferences)

State Subject And Grade Level

First _____

Second _____

Third _____

List other subjects you are currently qualified to teach:

- a. _____
- b. _____
- c. _____

Major Teaching Field _____

Minor Teaching Field _____

3. Substitute Applicants please complete the following:

Building/Grade Level Preference (if any) _____

Days of the week available _____ Times _____

C. EDUCATIONAL PREPARATION

	Kind of Degree	Date of Degree	Name of Institution	Location
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1. High School _____

2. Undergraduate _____

3. Graduate _____

4. College Major _____ College Minor _____

5. Certification

Are you properly certified to teach in this state? _____ If not, are you eligible? _____
 Certificate No. _____ Kind _____ Expiration Date _____

6. Practice Teaching: a. Complete _____ b. Taking _____ c. None _____

If you have completed practice teaching within the last three years or are now taking it, please fill in the following:

Name of Cooperating Teacher _____ School _____

D. PREVIOUS EXPERIENCE

1. Total years experience in an accredited school under contract as a teacher _____

Total military experience _____

2. List below a complete chronological history of professional experience. Begin with the most recent experience.

	Name of School	Address/Phone	Assignment	Beginning Date	Ending Date
(a)					
(b)					
(c)					
(d)					
(e)					

3. What was the major reason for leaving your last employment? _____

E. PROFESSIONAL REFERENCES

In naming references, give preference to supervisors, principals, educators, or others who are familiar with your professional work. Addresses for each reference must be complete.

	Name and Present Address (Street, City, State, Zip)	Telephone Number	Position of Reference When S/He Knew of Your Work
1.	_____		
2.	_____		
3.	_____		

F. COMPLETED APPLICATION

This application will serve as your request to add your name to our list of applicants. The acceptance of an application is not a promise of employment. All applicants must apply directly to the Superintendent and not to the individual schools.

I understand that my application will remain active from January 1 through December 31 of the year in which application is made and that I should notify the Superintendent, in writing, 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 Purcell Schools and I hereby release said persons, firms and entities from any liability as a result of the furnishing of such records and information.

I certify that to the best of my knowledge the facts set forth in my application are accurate and complete. I understand that if I am employed and any information in this application is false or incomplete, my employment can be terminated.

Signature of Applicant

PLEASE RETURN APPLICATION TO: Purcell Public School District
Attention: Personnel
919 North 9th Street
Purcell, OK 73080-2099

Additional Comments: