

- _____ Teacher's Assistant
- _____ Library Assistant
- _____ Special Education Paraprofessional
- _____ Tutor
- _____ Maintenance Supervisor
- _____ Maintenance Worker
- _____ Head Custodian
- _____ Custodian
- _____ Mower (Grounds Keeper)
- _____ Bus Driver
- _____ Food Service Director
- _____ Kitchen Manager
- _____ Cook (Full-time)
- _____ Kitchen Assistant (Part-time)
- _____ Other (Please list)

Multi-lingual? Yes _____ No _____ If yes, what languages? _____
Special Education Paraprofessional Registry? Yes _____ No _____
Have you ever driven a bus? Yes ___ No ___ Number of years of experience? _____ CDL License? Yes _____ No _____ State of Oklahoma School Bus Driver's Certificate? Yes _____ No _____
I UNDERSTAND I MUST OBTAIN A FOOD HANDLER'S PERMIT FROM THE DEPARTMENT OF HEALTH AND WILL BE RESPONSIBLE FOR RENEWING SAME AT THE EXPENSE OF THE EMPLOYER. (This applies to Food Service Personnel only.) _____

- 12. Do you desire to work Full-time _____ Part-time _____
- 13. Have you previously applied for employment with this district? Yes ___ No ___
- 14. If yes, when was that application submitted? _____

B. Educational Background:

Do you have a High School Diploma or a GED? Yes ___ No ___

High School from which graduated: _____

Graduation Date: _____

College: _____

Graduation Date: _____

Degree Received: _____

Trade or Business School:

Name of institution: _____

Attendance dates: _____

Refer to the consent form at the end of this application that is needed to be signed if no transcript(s) is submitted with this application.

C. Employment History:

The District will conduct background checks to verify information provided.

CONSENT AND RELEASE OF ALL CLAIMS AGAINST PREVIOUS EMPLOYERS

Sign below if you agree that the District may contact your previous employers and ask them detailed questions about your prior work experience. By signing, you specifically consent to the release of information by these prior employers to the District, and agree to release such prior employers, their employees, and their governing boards, from any and all causes of action or other potential claims which you could have against them for answering questions about your work experience. This consent is a covenant not to sue any prior employer, their employees, or their board members for defamation, regardless of what said prior employers may relate to the District regarding your previous employment experience.

I have read this consent and release of all claims, and in consideration of being considered an applicant for employment agree to its terms.

Applicant's Signature

Date

Provide the following information about your employers, with the current employer being listed first and then proceeding to your first employer. (Attach additional pages, if necessary.)

1. Current Employment:
 - A. Employer's Name: _____
Employer's Address _____
Employer's City _____
 - B. Job Title/Position: _____
 - C. Dates of Employment: From: _____ To: _____
 - D. Salary: _____
 - E. Supervisor(s): _____ Phone: _____
 - F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

 - G. Reason for desiring to leave employment: _____

2.
 - A. Employer's Name: _____
Employer's Address _____
Employer's City _____
 - B. Job Title/Position: _____
 - C. Dates of Employment: From: _____ To: _____
 - D. Salary: _____
 - E. Supervisor(s): _____ Phone: _____
 - F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

 - G. Reason for leaving employment: _____

3. A. Employer's Name: _____
 Employer's Address _____
 Employer's City _____

B. Job Title/Position: _____

C. Dates of Employment: From: _____ To: _____

D. Salary: _____

E. Supervisor(s): _____ Phone: _____

F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

G. Reason for leaving employment: _____

4. A. Employer's Name: _____
 Employer's Address _____
 Employer's City _____

B. Job Title/Position: _____

C. Dates of Employment: From: _____ To: _____

D. Salary: _____

E. Supervisor(s): _____ Phone: _____

F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

G. Reason for leaving employment: _____

D. Criminal Activities:

The district has a duty to teach students proper citizenship and respect for the law, and employees have an obligation to serve as role models for students. Because the district teaches students about the dangers of chemical abuse and because the district is entrusted with the supervision of minors, the district cannot have employees performing duties while under the influence of dangerous substances or substances which adversely affect reaction time and good judgment.

Information concerning past illegal acts will be considered along with the time of the offense, the seriousness and nature of the violation, any rehabilitations and your subsequent employment history.

1. Have you ever been convicted of a felony? Yes ___ No ___
2. If so, provide details: _____

3. Have you ever been convicted of a criminal offense involving illegal drugs? Yes ___ No ___

- 4. If so, provide details: _____

- 5. Have you ever been convicted of a criminal offense involving illegal use of alcohol? Yes____ No____
- 6. If so, provide details: _____

- 7. Have you ever been convicted of any criminal offense involving minors? Yes____ No____
- 8. If yes, provide details: _____

E. Driving Record:

This portion is only to be completed if you are applying for a position that requires the employee to transport students:

- 1. Has your driver license been suspended within the last 5 years? Yes____ No____
- 2. What was the reason for the suspension, and when was it reinstated? _____

- 3. Have you ever been convicted of driving under the influence of drugs or alcohol? Yes____ No____
- 4. If yes, provide details: _____

F. Verification:

I verify the answers provided above are true and correct. 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 agree to promptly notify the district of any change of address or phone number during my employment.

Applicant's Signature: _____ Date: _____

CONSENT FOR RELEASE OF TRANSCRIPTS

I, _____, consent to the release of my transcripts by the following educational institutions to the Fairland School District, if a copy of the transcript is so requested by the district.

Applicant's Signature: _____ Date: _____

Educational Institutions, Years of Attendance or Graduation, SSN or Student ID Number, and name on transcript, if different from name above:

- 1. _____

- 2. _____

3.

Note: Applications must be updated annually. If not, the application will be removed from our files.