



(Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem / Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

Oklahoma Certified Teacher:  Yes  No Certificate Teacher # \_\_\_\_\_ Expires: \_\_\_\_\_  
 (Copy of Teaching Certificate required for certified substitute teacher pay)

**SKILLS & QUALIFICATIONS**

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career / occupation you wish to bring to the employer's attention:

**REFERENCES**

List three personal references who are not relatives or former supervisors.

Name	Address	Phone	Occupation	Years Known

**CONTACT**

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INFORMATION TO THE APPLICANT**

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that as a condition of employment, Senate Bill 2199 requires a national criminal history records check for all new school certified and non-certified employees at the expense of the applicant.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**I have read the statements above carefully and fully understand and accept the conditions by signing this application.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Equal Employment Opportunity: It is the policy of the Madill Board of Education not to discriminate on the basis of race, color, religion, gender, national origin, age or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.**