

Name _____

Social Security Number _____

Teaching Field _____

Date _____

Antlers Public Schools
Certified Teacher Application

Antlers Public Schools
219 N.E. A
Antlers, Oklahoma 74523

Date _____

Name _____

Address _____

Phone _____

Date of Birth _____

For what position at Antlers Schools are you applying?

Will you require modifications to the working environment?

What type of teaching certificate will you have on August 1st of this year?

High School	Graduation Date	Diploma/Degree
_____	_____	_____
College	Graduation Date	Degree
_____	_____	_____
Graduate School	Graduation Date	Degree
_____	_____	_____

List the teaching fields on your certificate or attach a copy of your current certificate.

