

Weatherford Public Schools

516 North Broadway
Weatherford, Oklahoma 73096

*Application for Certified Employment
An Equal Opportunity Employer*

Date _____ Phone # _____ SS # _____

Last Name _____ First Name _____ Middle _____ Maiden _____

Current Address _____ City _____ State _____ Zip Code _____

Permanent Address _____

DESIRED POSITION(S)

(High School, Middle School, Elementary, or Early Childhood)

EDUCATION

High School _____ Date of Graduation _____

College _____ Degree _____ Date of Degree _____

Class of Oklahoma Certification: License _____ Standard _____ Provisional _____ None _____

List Areas in which you are certified to teach

List honors, awards, & organizations

WORK EXPERIENCE

Employer	Address	Position	Dates
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REFERENCES

Name	Years known	Phone #	Address
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Please attach copies of college transcript(s) and teaching certificate.

Weatherford Public Schools does not discriminate on the basis of race, color, national origin, sex, marital, or veteran status, religion, or disability. We are an equal opportunity employer.

In consideration of the District's review of my application for District employment, I agree that:

1. Weatherford Public Schools may contact my previous employers and ask them questions about my prior work experience, such questions being more in depth than the basic information of previous work experience listed on the application form.
2. I specifically consent to the release of information by my prior employers to Weatherford Schools and forever release such employers, their governing boards, and employees from any and all claims and causes of action of whatever nature which I could assert against them for communicating with Weatherford Schools about my work experience. I understand that this consent includes a covenant not to sue these prior employers for defamation, regardless of what said employer may inform Weatherford Schools regarding my previous employment.
3. I agree that a copy of this signed Consent and Release may be sent to my previous employer.
4. 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.
5. The applicant understands the Weatherford Board of Education requires a felony search for those recommended for employment and hereby releases applicant's felony record search results to Weatherford Public Schools. Applicant also releases Weatherford of any and all liability relating to its request for, receipt and use of the results of the search.

Signature of Applicant

PRINT Name of Applicant

Date

CONSUMER AUTHORIZATION AND RELEASE

CONSUMER DISCLOSURE

(FCRA-1)

In connection with WEATHERFORD PUBLIC SCHOOLS considering you for employment, continued employment, promotion or reassignment, WEATHERFORD PUBLIC SCHOOLS may obtain a consumer report, criminal background check report, motor vehicle report, workers compensation records or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

CONFIDENTIAL