

**SUPPORT STAFF
EMPLOYMENT APPLICATION**

**CHANDLER PUBLIC SCHOOLS
AN EQUAL OPPORTUNITY EMPLOYER**

**901 South CHS Street
Chandler, Oklahoma 74834**

Name _____
LAST FIRST MIDDLE

Street Address _____ Phone _____

City State _____ Zip Code _____ How long at address? _____

Permanent Address _____ Social Security No. _____

Are you a U.S. Citizen? _____ If not, are you a legal Alien? _____

Have you ever been employed here? _____ When? _____ Location or Department _____

Name relatives or friends working here _____

Referred By _____ Friend _____ Relation _____

In Case of Emergency, Notify _____ Relationship _____

Street Address _____ City _____ State _____ Phone _____

Have you ever been convicted of a crime (other than traffic violation)? Yes _____ No _____

If above is "Yes" Explain _____

Do you have any physical impairment that would interfere with your performance in the position for which you are applying? _____

Position(s) desired _____ Date available _____

LIST NAMES OF TWO REFERENCES (Not Relatives) TO WHOM WE MAY REFER

NAME	OCCUPATION	ADDRESS
1) _____	_____	_____
2) _____	_____	_____

EDUCATION

EMPLOYMENT HISTORY

(Cover at least last five years)

NAME & ADDRESS OF EMPLOYER

Name _____

Address _____

City-St-Zip _____

Supervisor _____

POSITION(S)

SALARY

FROM
Mo Year

TO
Mo Year

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER

Name _____

Address _____

City-St-Zip _____

Supervisor _____

POSITION(S)

SALARY

FROM
Mo Year

TO
Mo Year

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER

Name _____

Address _____

City-St-Zip _____

Supervisor _____

POSITION(S)

SALARY

FROM
Mo Year

TO
Mo Year

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER

Name _____

Address _____

City-St-Zip _____

Supervisor _____

POSITION(S)

SALARY

FROM
Mo Year

TO
Mo Year

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER

Name _____

Address _____

City-St-Zip _____

Supervisor _____

POSITION(S)

SALARY

FROM
Mo Year

TO
Mo Year

REASON FOR LEAVING _____

MILITARY SERVICE

Branch of Service _____ Entered _____ Discharged _____

Type of Discharge _____ Rank _____

Present Membership in- National Guard _____ Reserves Unit _____

Explain National Guard or Reserve Commitment _____

What is Your Present Selective Service Classification? _____

Have You Ever Worked With Children? _____ If So, Where _____

Check Type of Position for Which You Are Qualified.

- | | | |
|--------------------------|---------------------------|---------------------------|
| _____ Secretary | _____ General Maintenance | _____ Cook |
| _____ Teacher Assistant | _____ Custodian | _____ Cafeteria Assistant |
| _____ Library Assistant | _____ Bus Driver | _____ Cook Manager |
| _____ Other (List Below) | | |

Answer the Following Questions if Applying for Transportation Position. Otherwise, Proceed to the Agreement Section.

What Type of Vehicles Have You Driven? _____

If So, Where _____ How Many Years? _____

What Other Driving Experience Have You Had? (Give year's experience.)

Car _____

Truck _____

Others _____

Do You Have a Valid Driver's License? _____ State _____ Expiration Date _____

Drivers License Number _____ Bus Driver Permit Number _____

AGREEMENT

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 CHANDLER PUBLIC SCHOOLS.

I UNDERSTAND BY STATE LAW THE CHANDLER PUBLIC SCHOOLS MUST/MAY REQUIRE ALL EMPLOYESS TO SUBMIT A HEALTH CERTIFICATE FROM THEIR PHYSICIAN. I FURTHER UNDERSTAND AND AGREE THE PHYSICAL WILL BE AT MY EXPENSE.

I UNDERSTAND THAT THE CHANDLER BOARD OF EDUCATION REQUIRES THAT ALL NEW EMPLOYEES MUST SUBMIT A COPY OF THEIR FINGERPRINTS (IF EMPLOYED) TO THE SUPERINTENDENT AND PAY FOR THE PROCESSING COSTS. I FURTHER UNDERSTAND THAT IF THE FINGERPRINT REPORT IS NEGATIVE, AS INTERPRETED BY THE SUPERINTENDENT, I WILL BE TERMINATED.

I AGREE TO PROMPTLY NOTIFY CHANDLER PUBLIC SCHOOLS OF ANY CHANGE OF ADDRESS DURING MY E.MPLOYMENT.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date _____

Remarks: _____

Date Employed _____ Reporting Date _____ Position _____

School or Department _____ Building Assignment _____

Salary _____ Hours _____ Interviewer Initials _____