

ACADEMIC PREPARATION			Attended		Degree Received	Date
			From	To		
High School	City & State					
College or University (undergraduate)	City & State					
College or University (graduate study)	City & State					
Other	City & State					
Other	City & State					
Major Area (undergraduate)	Minor Area (18 or more hours) (undergraduate)	Major Area (graduate)	Minor Area (graduate)			

Military experience may be counted as teaching experience in Oklahoma for purposes of salary increment and teacher retirement. Please list branch of service below and dates served if applicable:

From _____ To _____

TEACHING EXPERIENCE (Place student teaching on first line.)

School & System	City & State	Grade(s) or Subject(s)	No. of Hours Per Day	From Mo./Yr	To Mo./Yr

RELATED WORK EXPERIENCE (List only positions directly related to teaching, teaching area, or youth work.)

Employer	City & State	Position	From Mo./Yr	To Mo./Yr

Please list any activities or clubs which you would be interested in sponsoring:

Conviction of a felony offense prohibits an individual from serving as a school teacher or administrator on Oklahoma. Have you ever been convicted of a felony? Yes _____ No _____

If you have a relative who works for Chandler Public Schools, or who serves as a member of the Board of Education, please identify and list their names:

Have you ever been involuntarily terminated from the employment of another school district? Yes _____ No _____

If yes, please give the name of the district, the date, and the reason for termination:

OTHER INFORMATION (If available, please attach a copy of all transcripts, and updated resume and teacher certificate/license.)

PROFESSIONAL REFERENCES (List only those persons who are qualified to evaluate your qualifications for positions sought. Include principals/superintendents of systems where experience was gained. References must have complete names, addresses and zip codes. Applicants who omit suitable professional references will not be considered. Personal references may be listed on resume.)

Name	Title	School, School System or College	Address
Cooperating Teacher (Complete if licensed teacher)			Street _____ City _____ St., Zip _____
College Supervisor (Complete if licensed teacher)			Street _____ City _____ St., Zip _____
Other			Street _____ City _____ St., Zip _____
Other			Street _____ City _____ St., Zip _____
Other			Street _____ City _____ St., Zip _____

AGREEMENT

I hereby certify that the above information is to the best of my knowledge true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and record become the property of the Chandler Public Schools which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the school district, if employed.

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.

Signature of Applicant

I hereby authorize the school district to conduct work history, personal reference, or police record inquiries to determine my acceptability for employment.

Signature of Applicant

“AN EQUAL OPPORTUNITY EMPLOYER”

“It is the fundamental policy of the Chandler School District No. 1, to provide equal opportunity in all of its operations and in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant on the basis of age, race, color, religion, sex, national origin or ancestry, marital or veteran status, or the presence of a non-job related medical condition or handicap.”

First Interview By:	Date	Comments
Second Interview By:	Date	Comments