

SUPPORT STAFF
EMPLOYMENT APPLICATION



CHECOTAH PUBLIC SCHOOLS

320 W. Jefferson

Checotah, Oklahoma

AN EQUAL OPPORTUNITY EMPLOYER

Checotah Public Schools does not discriminate based on race, color, national origin, sex, disability or age in its programs or activities. Career and technical education is offered to all students at the high school in Agricultural Education, Business and Information Technology, and Family and Consumer Science. Students in 11th and 12th grade may participate tuition-free in technical training programs at Indian Capital Technology Center. Inquiries concerning this policy may be directed to the Superintendent, 320 W Jefferson, Checotah, Oklahoma 74426. Phone: 918-473-5610

EMPLOYMENT HISTORY

(Cover at least last five years)

NAME & ADDRESS OF EMPLOYER	Date		POSITION	SALARY	REASON FOR LEAVING
	Month	Year			
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				

MILITARY SERVICE

Branch of Service _____ Entered _____ Discharged _____

Type of Discharge _____ Rank _____

Present membership in – National Guard _____ Reserves _____ Until _____

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

Cook Manager

Bus Driver

Other (List Below)

Answer the Following Questions If Applying for a Transportation Position:

Otherwise, Proceed to the Agreement Section.

Have You Ever Driven a (type of vehicle) _____

If so: Where _____

How Many Years? _____

What Other Driving Experience Have You Had? (Give years of experience.)

Car _____

Truck _____

Others _____

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

Driver's License Number _____ Bus Drive 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 ANY TIME DURING MY EMPLOYMENT.

I AGREE, IF EMPLOYED, TO FOLLOW ALL RULES AND REGULATIONS OF THE CHECOTAH PUBLIC SCHOOLS.

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

I UNDERSTAND THAT THE CHECOTAH 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 CHECOTAH PUBLIC SCHOOLS OF ANY CHANGE OF ADDRESS DURING MY EMPLOYMENT.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____		Date _____	
Remarks _____			

Date Employed _____	Reporting Date _____	Position _____	
School or Department _____	Building Assignment _____	Salary _____	Hours _____