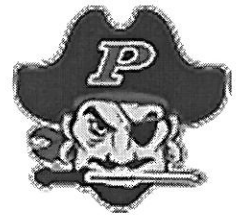


Porter Consolidated Schools



P.O. Box 120 (125 S. Main)

Porter, OK 74454

Phone: 918-483-2401 Fax: 918-483-2310 Admin Office

AN EQUAL OPPORTUNITY EMPLOYER

(Porter Consolidated Schools do not discriminate in employment because of race color, religion, sex, national origin or age.)

Support Personnel Application for Employment

Date: _____ Social Security Number: _____

Name: _____

Last

First

Middle

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Position Desired: _____

Education

High School _____

Dates Attended: _____ Graduate ___ Yes ___ No

Other (Please List) _____

Previous Address: _____

How long have you lived at present address? _____

Have you been convicted of a crime in the past 10 years? _____

State name of any relatives working for Porter Schools: _____

Have you received Workman's Compensation or Disability Income Payments?

___ No ___ Yes, please describe: _____

List any physical defects which preclude you from performing certain jobs:

EMPLOYMENT HISTORY (Please give accurate, complete full-time and part time employment record. Start with present or most recent employer.)

Company Name: _____	Telephone: _____
Address: _____	Employed From: _____ To: _____
Name of Supervisor: _____	Weekly Pay Start: _____ Last: _____
State job title and describe your work: _____	

Reason for leaving: _____	

Company Name: _____	Telephone: _____
Address: _____	Employed From: _____ To: _____
Name of Supervisor: _____	Weekly Pay Start: _____ Last: _____
State job title and describe your work: _____	

Reason for leaving: _____	

Company Name: _____	Telephone: _____
Address: _____	Employed From: _____ To: _____
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Reason for leaving: _____	

Company Name: _____	Telephone: _____
Address: _____	Employed From: _____ To: _____
Name of Supervisor: _____	Weekly Pay Start: _____ Last: _____
State job title and describe your work: _____	

Reason for leaving: _____	

Porter Consolidated Schools
Support Personnel Application

1. Why do you think that you are the best person we could employ for the position you are applying?

2. Self-Evaluation

a. List your strong points for the positions for which you are applying.

b. List the area, if any, you feel you need additional training or experience for the position for which you are applying.

3. Are you a person who needs supervision or can work alone? _____

4. The Porter Consolidated Schools has only one pay-day each month. Can you adapt to this policy? _____

5. Would you be willing to cross-train in other jobs that the school district needs or has?

____ Yes ____ No, Please explain _____

**APPLICANT'S PERSONAL COGNIZANCE CERTIFICATION &
AUTHORIZATION OT ACCESS PERSONAL DATA FILES**

I hereby certify that the above information, to the best of my knowledge, is 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 records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the district.

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. All persons, firms, and entities listed in this application are hereby authorized to release any information or records concerning me to the District, and are released by me from any liability as a result of furnishing records and information.

Signature of Applicant _____ Date _____

APPLICANT, PLEASE NOTE: It is our policy to interview applicants only when there are specific vacancies to fill. When vacancies occur, we screen through the applications and schedule the interviews from this office. Applications need to be updated each school year in order to be kept in the active file.