

INDIANOLA SCHOOL DISTRICT

APPLICATION FOR SUPPORT POSITION

Notice to Applicant:

Independent School District No. 25 of Pittsburg County, Oklahoma, ("District") does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, age, national origin, disability or status as a Vietnam era or disabled veteran. The policy encompasses recruitment, selection, assignment, promotion, transfer, termination, compensation, training and apprenticeship, and all other terms, conditions, benefits and privileges associated with employment. This policy also extends to the education programs and activities operated by the District.

When you have properly filled in this application, mail or return it to Superintendent, Indianola Public Schools, P.O. Box 119, Indianola, Oklahoma 74442-0119. All statements must be clear, concise, and true; otherwise, any appointment made may become invalid at once.

The following credentials will be required of all employees assigned to a support position in the District: Properly completed application; Application for Felony Offense Records; Loyalty Oath Executed before a Notary Public; Birth Certificate (photostatic copy is acceptable); I-9 form; Form W-4, Employee's Withholding Exemption Certificate.

A. GENERAL INFORMATION CURRENT DATE: _____

I hereby apply to Indianola Public Schools for employment as _____

Name in Full

Last Name First Name Middle Name Social Security Number

Address _____

Telephone: () _____

Street _____

City _____

State _____

Zip _____

Are you 18 years of age or older? _____

Do you have a relative who is either a member of the Indianola School District Board of Education or who is employed in any capacity in the Indianola Public Schools?

If yes, please give the following information:

Name of Relative	Relationship	Position Held

In case of an emergency notify _____

Have you ever:

(a) Entered a plea of guilty or nolo contendere to a state or federal felony charge? _____ Yes _____ No

(b) Been convicted of a state or federal felony offense? _____ Yes _____ No

(c) Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? _____ Yes _____ No

(d) Entered a plea of guilty or nolo contendere to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?
_____ Yes _____ No

If yes to any of the above, please complete the following:

	Type of Violation	Date	Place Place (City, State)
1.			
2.			
3.			

B. PREVIOUS EXPERIENCE

List below a complete chronological history of previous experience. Begin with the most recent experience.

	Former Employer (Company Name, Address and Phone No.)	Immediate Supervisor	Dates Worked (To/From)
1.			
2.			
3.			
4.			
5.			

Do you have any special skills or qualifications that would make you more qualified for the position you are applying for?

What was the major reason for leaving your last employment?

C. REFERENCES (Please do not refer to relatives.)

Please do not refer to relatives. Please give two (2) local references.

	Name	Occupation	Address
1.			
2.			
3.			
4.			
5.			

Drivers License No. _____ State _____ Exp. Date _____

Chauffeur _____ Commercial Chauffeur _____ Operators _____

Have you ever driven a school bus? _____

Have you ever attended the Oklahoma School Bus Driving School? _____

Dates and location of school _____

School bus certification expires _____

List any restrictions on your license _____

List any traffic offenses for which you have forfeited your license during the past three years.

Offense	Place	Year

D. COMPLETED APPLICATION

This application will serve as your request to add your name to our list of applicants. The acceptance of an application is not a promise of employment. All applicants must apply directly to the Superintendent and not to the individual schools.

I understand that my application will remain active from January 1 through December 31 of the year in which application is made and that I should notify the Superintendent, in writing, 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 Indianola Schools and I hereby release said persons, firms and entities from any liability as a result of the furnishing of such records and information.

I certify that to the best of my knowledge the facts set forth in my application are accurate and complete. I understand that if I am employed and any information in this application is false or incomplete, my employment can be terminated.

Signature of Applicant

Date