

DEER CREEK PUBLIC SCHOOLS

ADMINISTRATION OFFICE
20701 N. MacArthur BLVD. * EDMOND, OK 73012

CERTIFIED STAFF APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER
(PLEASE PRINT OR TYPE)

DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

HOME TELEPHONE _____ CELL/BUSINESS TELEPHONE _____

SOCIAL SECURITY # _____ E-MAIL _____

POSITION DESIRED

Field/Grade Level # Years Experience
1st Choice _____

2nd Choice _____

3rd Choice _____

Total Years Teaching Experience in OKLAHOMA _____

OTHER? (Please Specify) _____

Have you filed a teaching application with our District before? _____

If yes, give date _____ and position applied for _____

Are you presently under contract with any school district for the next school year? _____

EDUCATION

School/University Location/City/State Dates Attended Diploma/Degree

A college transcript is required before consideration can be given to your employment. It should include all courses completed at the time of the application.

CERTIFICATION

TYPE OF STATE CERTIFICATE/LICENSE _____ # _____

If certified in another State, indicate which State and type of certificate held _____

ELEMENTARY CANDIDATES

List endorsements to your State certificate below:

SECONDARY CANDIDATES

Certified teaching fields:

ADMINISTRATIVE OR SPECIAL SPECIAL SERVICES CANDIDATES

(i.e. special education, counseling, other)
List endorsements to your State certificate Below:

Areas of Specialization _____

(Must have at least 18 hours)

FURNISH THE FOLLOWING INFORMATION: Number of Semester Hours (Total) You have earned in:

| | | |
|----------------|--------------------------|---------------------------|
| _____ Business | _____ Foreign Language | _____ English |
| _____ Science | _____ Vocational | _____ Reading |
| _____ Speech | _____ Journalism | _____ Social Studies |
| _____ Art | _____ Drama | _____ Industrial Arts |
| _____ Health | _____ Math | _____ Guidance/Counseling |
| _____ Music | _____ Physical Education | _____ Education |

NON-TEACHING WORK EXPERIENCE

List most recent experience first.

| From/To: | # of Years | Name/Address of Employment | Supervisor | Type of Work |
|----------|------------|----------------------------|------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TEACHING/SCHOOL RELATED WORK EXPERIENCE

List most recent experience first. Include student teaching if less than 3 years experience. Use separate sheet if necessary.

| From/To | # of Years | Name/Address of Employment | Principal/Supervisor | Grade/Subject/Type of Job |
|---------|------------|----------------------------|----------------------|---------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PROFESSIONAL REFERENCES

| FULL NAME OR REFERENCE | PHONE # | STREET | CITY | STATE | (SCHOOL ADDRESS) | ZIP |
|------------------------|---------|--------|------|-------|------------------|-----|
|------------------------|---------|--------|------|-------|------------------|-----|

Moral turpitude is an act of baseness, vileness or depravity in the private or social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including but not limited to theft, attempted theft, murder, rape, swindling, and indecency with a minor. Have you ever been convicted of a felony or any offense involving moral turpitude? _____yes _____no

If yes, please explain

Why do you desire to leave your present position, or why did you leave your last position? (Questions do not apply to those graduating this year.)

Have you ever been involuntarily terminated from the employment of another school district? _____yes _____no. If yes, please give name of the district, the date and reason for the termination.

Are you aware of ant reason you would not be able to perform the duties required of the position for which you are making an application? _____yes _____no. If yes, please explain:

IN YOUR OWN HANDWRITING, ON A SEPARATE SHEET OF PAPER, ANSWER THE FOLLOWING QUESTIONS.

- 1. What are your most important reasons for teaching?**

- 2. What are the most important concepts you want students to acquire in your subject area?**

- 3. How do you determine what to teach your students?**

PROCEDURED/POLICIES

HAVE CREDENTIALS FROM YOUR PLACEMENT OFFICE SENT IMMEDIATELY TO PERSONNEL OFFICE.
FORWARD THIS APPLICATION TO PERSONNEL OFFICE.
ENCLOSE TRANSCRIPTS OF ALL COLLEGE WORK WITH THIS APPLICATION OR SOON AFTER APPLICATION IS SUBMITTED. ONLY APPLICANTS WHO ARE FINALISTS WILL BE ASKED TO INTERVIEW FOR A POSITION.
THE TEACHER MUST POSSESS A VALID OKLAHOMA LICENSE OR TEACHING CERTIFICATE BEFORE A CONTRACT IS VALID.
THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR FROM THE DATE OF THE APPLICATION; IT MUST BE RENEWED IF FURTHER CONSIDERATION FOR A POSITION IS DESIRED.
USING A SEPARATE SHEET OF PAPER, ANSWER THE THREE QUESTIONS ON THE PREVIOUS PAGE.

AGREEMENT

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.

_____ DATE _____ SIGNATURE OF APPLICANT

DO NOT WRITE IN THIS SPACE: FOR USE OF THE SCHOOL DISTRICT ONLY

INTERVIEW BY: 1. _____ DATE OF INTERVIEW: 1. _____
SIGNATURE MONTH/DATE/YEAR
2. _____ SIGNATURE MONTH/DATE/YEAR
SIGNATURE MONTH/DATE/YEAR
3. _____ SIGNATURE MONTH/DATE/YEAR
SIGNATURE MONTH/DATE/YEAR

| POSITION(S) INTERVIEWED FOR: | COMMENTS: |
|------------------------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |

Initial Interview: _____ Transcript Received: _____ Confidential Papers _____
References: _____ Verification: _____ Appointment Letter: _____
W-2 _____ Retirement _____ Insurance _____
Verification of Employment/Experience _____ Experience Credit _____
Date of Testing _____ License _____ Oklahoma Teaching Certificate _____
Degree _____ Date _____
Contract _____ Employment Began on _____
Transfer of Sick Leave _____ Transfer of Staff points _____