



OWASSO PUBLIC SCHOOLS
APPLICATION FOR SUBSTITUTE TEACHER POSITION

An Equal Opportunity/Affirmative Action Employer

NOTICE TO APPLICANT:

Independent School District # 11 of Tulsa County, Oklahoma, does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disabled status, or any other legally protected status. This 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 educational programs and activities operated by the District.

Discrimination is specifically prohibited by Title IX of the Education Amendments of 1972, as amended, and Title 45, Subtitle A, Part 86, of the implementing regulations administered by the Director of the Office of Civil Rights of the United States Department of Health, Education, and Welfare

A. IDENTIFICATION

Current Date ____/____/____

Last Name	First Name	Middle Name	Social Security Number <i>(Optional)</i>
Street	City & State	Zip	Home Phone
		Business Phone	

B. EMPLOYMENT PREFERENCES

1. Certified _____ Do you possess a valid teaching certificate? Yes _____ No _____ If Yes, Certificate Number _____ State/s in which certificate is valid _____.

Non-Certified _____

If retired, were you in the Oklahoma Teacher Retirement System? ____ Yes ____ No

2. Grade Levels Preferred _____

Check below the areas you prefer.

- | | | |
|---------------------------|-------------------|----------------------|
| a. No Preference _____ | Computer _____ | Alternative Ed _____ |
| b. Elementary _____ | Art _____ | Other, List _____ |
| c. 6th Grade Center _____ | Home Ec _____ | |
| d. 7th Grade Center _____ | Vo Ag _____ | |
| e. 8th Grade Center _____ | PE/Health _____ | |
| f. Mid-High _____ | Music _____ | |
| g. High School _____ | Special Ed. _____ | |

3. Days of Week Available:

- Everyday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday

C. EDUCATION

	<u>Name of Institution /Location</u>	<u>Course of Study or Major /Minor</u>	<u>Diploma, Degree, Certificate Received</u>	<u>Date Received</u>
1.	High School/GED _____			
2.	College/Technical School _____			
3.	College/Technical School _____			

D. EXPERIENCE (List below a complete chronological history of previous experience. Begin with the most recent.)

<u>Name of Employer</u>	<u>City & State</u>	<u>Date of Employment Began/Terminated</u>	<u>Position Held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. REFERENCES (Please list names of references capable of giving information about you and your work experience.)

NAME _____ OCCUPATION _____ Phone: _____

ADDRESS _____

NAME _____ OCCUPATION _____ Phone: _____

ADDRESS _____

NAME _____ OCCUPATION _____ Phone: _____

ADDRESS _____

Names of relatives currently employed by the District _____

May we contact the listed references and or previous employers relative to your employment history? Yes No

If No, Specify Reason _____

F. Have you ever: **YES** **NO**

Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge?
(This question includes criminal cases involving a “deferred sentence,” “deferred judgment” and any “expunge of the records.”) _____

Been convicted of a state (any state) or federal felony offense? _____

Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes criminal cases involving a “deferred sentence,” “deferred judgment” and any “expunge of the records.”) _____

(continued)

YES **NO**

Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes criminal cases involving a “deferred sentence, “deferred judgment” and any “expunge of the records.”)

Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?

If yes to any question, please complete the following:

<u>Type of Violation</u>	<u>Date</u>	<u>Place (City, State)</u>
1.		
2.		
3.		

READ CAREFULLY BEFORE SIGNING

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the Owasso School District to investigate any information included in the application and I agree to submit to medical examination if required. I understand that this application is not a contract of employment. I hereby release the District and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. All person, firms and entities listed in this application are hereby authorized to release any information or records concerning me to the personnel department of the Owasso Schools, and I hereby release said person, firms and entities from any liability as a result of the furnishing of such. I understand, that if employed, false or misleading statements given in the application or interview(s) may result in my termination. I understand that I am required to abide by all rules and regulations of the District of Owasso.

Signature _____

Date ____/____/____

G. COMPLETED APPLICATION

I certify that to the best of my knowledge the facts set forth in my application are accurate and complete.

SIGNATURE OF APPLICANT _____

DATE ____/____/____



Owasso Public Schools
Substitute Teacher Application
Revised 1/06