



OWASSO PUBLIC SCHOOLS
APPLICATION FOR SUPPORT POSITIONS

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, age, national origin, disability, or status as a Vietnam era or disabled veteran. 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 Directory of the Office of Civil Rights of the United States Department of Health, Education, and Welfare.

Print or type answers to each question clearly and completely. All questions must be answered. This is an application for employment and no employment contract is being offered. The District may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

Position desired	Date of Application:	
Date available for work:		
Are you available to work ___ full time ___ part time ___ shifts ___ weekends ___ nights		
If part time, what hours and days:		
Social Security No: (optional) _____ - _____ - _____		
Last Name:	First:	Middle:
Street address:	Home phone:	
City, State, Zip	Business phone:	
If you are under 18 years of age, can you provide proof of your eligibility to work?		YES NO
Have you ever worked for this District? _____ Yes _____ No		
If yes, give prior name, dates and reason for leaving:		
Are you legally eligible to work in the United States? _____ Yes _____ No (Verification will be required upon employment and failure to furnish documentation will be cause for separation.)		
Do you have a relative who is either a member of the Owasso Board of Education or who is employed in any capacity in the Owasso Public Schools? _____ Yes _____ No If yes, please give the following information:		
Name of Relative	Relationship	Position Held
_____	_____	_____
_____	_____	_____
Do you hold a current and valid Oklahoma operator's or commercial chauffeurs driver's license? _____ Yes _____ No		
If yes, give type, expiration date, and number: _____		
(If tentatively selected, applicants applying for position where driving is required, will be required to furnish a copy, at their expense, of their driving record prior to employment.)		

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’)

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 of the above, please complete the following:

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

EDUCATION:

High School _____
Name

Years Completed 1 2 3 4

City, State

Did you graduate? ___Yes ___No

College _____
Name

Years Completed 1 2 3 4

City, State

Degree, License, Other _____

Other _____
Name

License, Other _____

City, State

Have you taken the State NCLB Paraprofessional Test? Yes _____ No _____ Date Passed _____

EMPLOYMENT HISTORY:

Former Employer & Company Name	Immediate Supervisor	Position Held	Dates From/To	Address & Phone <i>(Use reverse side if more space needed)</i>

1. Have you ever driven a school bus? Yes No
2. Have you ever attended the Oklahoma School Bus Driving School? Yes No
3. If so, list the dates, school location, certificate number, state _____
4. Date school bus certification expires. _____
5. Do you have a DUI or DWI conviction or any other substance abuse on your record? Yes No
6. List below any moving violations (traffic tickets) in past 5 years.

Violation	Date	Location	Status

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name:	Address:	Telephone No.:

May we contact the employers and/or references listed in regard to your employment history? Yes No

If no, please state reason _____

Are you able to perform the essential job functions of the position/s for which you are applying without reasonable accommodations? Yes No

ADDITIONAL INFORMATION

If you have any additional information or comments concerning any voluntary experience, any special licenses or training which would help us determine your suitability for this position, please use the space on the back or an extra sheet of paper if necessary. Any attachments must be signed and dated.

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 persons, 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 termination. I understand that I am required to abide by all rules and regulations of the District of Owasso.

Signature of Applicant

_____/_____/_____
Date



Owasso Public Schools
Support Position Application
Revised 1/06