

ALVA INDEPENDENT SCHOOL DISTRICT #001

418 Flynn Street

Alva, Oklahoma 73717-2238

(580) 327-4823

An Equal Opportunity Employer

Application for Employment

Certified Personnel

Name _____

Address _____

City _____ State _____ Zip _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ Social Security Number _____

Alternate Phone _____ Date of Application _____

Position applied for: _____

Type of Oklahoma Certificate: License _____ Standard _____ Alternative _____

Expiration Date of Oklahoma Teaching Certificate: _____

Degree:

Bachelors (Date) _____ Masters (Date) _____

Endorsements _____

Total years of teaching experience _____

Would you be willing to attend in-service training seminars? _____

Would you be willing to sponsor an activity or sport? _____

Do you have an Oklahoma Bus Driver's Certificate? _____

EDUCATION

College	Dates	Graduate or Post-Graduate

EXPERIENCE

(include military service)

Employer	Position	Dates	Reason for Leaving

REFERENCES

List 5 persons to verify your qualifications for the position you seek. Include superintendents, principals and teachers with whom you have worked.

Name	Address	Phone No.

Add here any additional information which you consider pertinent to your qualifications. You may include college honors or activities and civic organizations or responsibilities.

All information is correct. Any falsified information means loss of position. Permission is hereby granted to verify previous employment and to conduct legal background check.

Signature of Applicant

Applicant should attach current official transcript and copy of valid Oklahoma teaching certificate.

Last Name	First Name	Middle Name	Social Security Number
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 Have you been convicted or pled guilty to a felony crime that has not been
 No Yes expunged or otherwise removed from your record?

If you answered "Yes" to the previous question, please describe the circumstances of your conviction(s), indicating the date(s), nature and place(s) of each offense, and the sentencing disposition of the case. Please be accurate and complete.

A criminal conviction does not necessarily disqualify you for employment in the Alva School District, its subsidiaries and affiliated schools, (hereinafter collectively referred to as "the District"). The nature and gravity of the offense(s), the length of time since the conviction(s) and or completion of the sentence, and its relation to your suitability for the position for which you are applying will be factors considered in the employment decision. However, the District conducts a thorough and complete background investigation of each applicant for employment. Unless prohibited by state law, the District considers any and all convictions including felonies, misdemeanors, petty misdemeanors, or similar lesser offenses if the District deems them relevant to the position applied for.

If you have any questions or doubts about whether to include a conviction or guilty plea, please include it with an explanation. Your failure to disclose all criminal convictions requested above and/or to disclose fully any other requested information will automatically disqualify you from further employment consideration with the District, result in the revocation of an existing offer of employment with the District, and/or result in the termination of your employment with the District.

 Have you ever been disciplined or discharged for sexual harassment, fighting,
 No Yes assault, or elated offenses? If yes, explain.

Last Name	First Name	Middle Name	Social Security Number
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I affirm that the above information is true and complete. In the event of employment, I understand that any falsification, omission, misrepresentation, or concealment of information on this application during interviews, or at any other time during the hiring process shall be sufficient cause for revocation of an existing offer or immediate discharge.

I hereby authorize my former employers, educational institutions and references to furnish any information concerning my application for employment. I further authorize the District to contact my former employers, educational institutions and references for the purpose of obtaining such information. **In consideration of the District's review of the Application, I release the District and all providers of information from any liability as a result of furnishing and receiving such information (this does not waive my right to file a charge, testify, assist or participate in an investigation, hearing or proceeding until Title VII, the Age Discrimination in Employment Act, the Equal Pay Act, or the Americans with Disabilities Act).**

I agree, as condition of hire, to provide documents establishing proof of identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986. I understand that an offer of employment may be contingent upon a successful completion of a criminal background check.

In consideration of my employment, I agree to abide by all policies and regulations of the District.

Signature

Date

BACKGROUND CHECK

Last Name	First Name	Middle Name	Social Security Number
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LIST OTHER NAMES WHICH YOU HAVE USED TO IDENTIFY YOURSELF (for reference purposes only):

Current Address: _____

PREVIOUS ADDRESSES FOR LAST TEN YEARS (only city and state required):

I, _____, hereby authorize the District and its representatives to conduct a criminal background check in conjunction with my application for employment with the District. Convictions due to criminal activities such as violent crimes, theft, fraud or any other criminal offenses that can have a potentially adverse impact on workplace safety and ethical business procedures will be cause for the District to withdraw its consideration of employment of me.

Signature	Date
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Adopted:

Revised: February 06, 2003

Legal Reference:

Cross Reference:

District #001, Woods County, Oklahoma