

Alva Independent School District #001

418 Flynn Street

Alva, Oklahoma 73717

(580) 327-4823

Application for Employment

As a

Substitute

Date: _____

Name: _____

First

Middle Initial

Last

Address: _____

Phone : Home _____

Cell _____

Teaching preference (grade/subject):

Days NOT available to substitute:

Do you have a High School Diploma?

Yes

No

Do you have a College Degree?

Yes

No

Are you certified to teach in the state of Oklahoma?

Yes

No

If yes, please attach a copy of your teaching certificate.

Are you a retired Oklahoma teacher?

Yes

No

Please complete and attach a W-4 form for tax purposes.

References

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>

Yes No Have you been convicted or pled guilty to a felony crime that has not been 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 such 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. The nature of the offense(s), the length of time since the conviction(s) and its relation to your suitability for the position for which you are applying will be factors considered in the employment decision.

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

Signature: _____

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.

BACKGROUND CHECK

Last Name First Name Middle Name Social Security Number

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)

(If more room is needed, please use reverse side of this form)

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.

Date

Signature of Applicant

