COYLE PUBLIC SCHOOLS

Independent District 1014 700 S. COTTINGHAM AVENUE

700 S. COTTINGHAM AVENUE P. O. BOX 287 COYLE, OK 73027

> PHONE: 405-466-2242 FAX: 405-466-2448



Employment Application

		Арр	licant Ir	nforma	ation			
Full Name:	Name:		Date:					
	Last	First				M.I.		
Address:							A	
	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			E	Email				
Date Available: Social Security No.: Desired Salary:						d Salary: \$		
Position App	olied for:							
YES NO Are you a citizen of the United States? ☐ ☐ If no, are you					ire you a	authorized to w	YES	NO
Have you ev	ver worked for this comp	YES pany? □	NO	If yes,	when?_			
Have you ev	ver been convicted of a	YES felony?	NO					
If yes, expla	in:							
			Educa	ation				
High School	l:	<i>F</i>	Address:					
From:	To:	Did you gr	aduate?	YES	NO	Diploma:		
College: Address:								
From:	To:	Did you gr	aduate?	YES	NO	Degree:		
College:		<i>F</i>	Address:					
From:	To:	Did you gr	aduate?	YES	NO	Degree:		

	Reference	ces	
Please list three profe	essional references.		
Full Name:			Relationship:
C			Phone:
Address:			
			Relationship:
			Phone:
Address:			
Full Name:			Relationshin:
Componi:			Relationship: Phone:
Addross			THORE.
	Previous Emp		
0			Discourse
A status a sec			Phone:
Address:			Supervisor:
Job Title:	Starting Salar	Ending Salary:\$	
Responsibilities:			
From:	To: Re	eason for Leaving:	
May we contact your n	revious supervisor for a reference?	YES NO	
- Way we contact your p	Tevious supervisor for a reference:		
Company:			Phone:
Address:			Supervisor:
Job Title:	Starting Salar	ry: \$	Ending Salary: <u>\$</u>
Responsibilities:			
From:			
		YES NO	
May we contact your p	revious supervisor for a reference?		
Company:			Phone:
Addross			Supervisor:
Job Title:	Starting Salar	Ending Salary:	

Responsibilities:									
From: To:	Reason fo	Reason for Leaving:							
May we contact your previous supervisor for a reference	YES ce?	NO							
Military Service									
Branch:		From:	To:						
Rank at Discharge:	Type of	Discharge:							
If other than honorable, explain:									
Gener	ral Informatio	n							
Do you have a relative who serves on the Board of EYES	Education or is a	an employee of Co N [
If yes, please provide the relative's name and relationship:									
Have you ever been convicted of, pled guilty or no contest to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to: theft, rape, mure windling, and indecency with a minor)? YES NO The state where, when, and the nature of the offense									
(A felony conviction is not an automatic bar to employment. The cand the position for which you are applying.	district will consider	the nature, date, and r	relationship between the offense						
I hereby affirm that all information provided in this ap and understand that any deliberate falsifications, mis rejection of my application or dismissal form subseq	srepresentation	s, or omissions of							
I authorize the references listed above to give you as and any pertinent information they may have, person any damage that may result from furnishing the same	nal or otherwise								
I understand that the district is required by Oklahom	a Education Co	de to review crimii	nal history of applicants.						
Signature:		D	Date:						
This application becomes the property of the district. The district	reserves the right to	accept or reject it. Thi	is application shall be considered						

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 24 months. If you have not received a response during this time period, you may reapply or reactivate your application. Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.

FOR CERTIFIED PERSONNEL, PLEASE ATTACH APPLICATION, RESUME, COLLEGE TRANSCRIPTS, CERTIFICATIONS, LETTERS OF REFERENCE, ETC.