

Name \_\_\_\_\_

Last                      First                      Middle

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How long at this address? \_\_\_\_\_

Birthdate \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_ If not, are you a legal Alien? \_\_\_\_\_

Names of relatives or friends working here? \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relation \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone / Cell \_\_\_\_\_ / \_\_\_\_\_

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_

Name	Occupation	Phone

	Name & Location of School	No. of Yrs. Attended	Date Graduated	Type of Course
Elementary School				
High School				
College				Degree
Trade or Business School				

Webbers Falls Public School, Independent District, I-006 of Muskogee County does not discriminate in employment policies regarding selection, transfer, promotion, termination, compensation, or other benefits on the basis of race, creed, national origin, color, religion, age, qualified individual with disability, or sex; nor does the district discriminate in educational programs or activities.

**"An Equal Opportunity Employer"**

# Employment History

(Cover at least the last 5 years)

Name & Address of Employer	Date		Position	Salary	Reason for Leaving
	Month	Year			
Name Address Phone Supervisor	From				
	To				
Name Address Phone Supervisor	From				
	To				
Name Address Phone Supervisor	From				
	To				
Name Address Phone Supervisor	From				
	To				
Name Address Phone Supervisor	From				
	To				

## Military Service

Branch of Service \_\_\_\_\_ Entered \_\_\_\_\_ Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in – National Guard \_\_\_\_\_ Reserves \_\_\_\_\_ Until \_\_\_\_\_

Explain National Guard or Reserve Commitment \_\_\_\_\_

What is your present selective service classification? \_\_\_\_\_

Have you ever worked with children? \_\_\_\_\_ If so, where? \_\_\_\_\_

Type of position for which you are qualified

_____ Secretary	_____ General Maintenance	_____ Cook
_____ Teacher Assistant	_____ Custodian	_____ Cafeteria Assistant
_____ Library Assistant	_____ Bus Driver	_____ Cook Manager
_____ Other (List Below)		

Have you ever driven a bus? \_\_\_\_\_ If so, where? \_\_\_\_\_ How long? \_\_\_\_\_

What other type of driving experience do you have? (answer in years)

Car \_\_\_\_\_

Truck \_\_\_\_\_

Other \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Expiration date \_\_\_\_\_

Driver's license number \_\_\_\_\_ Bus Driver permit number \_\_\_\_\_

#### Agreement

I authorize investigation of all statements contained in this application. I understand ad misrepresentation or omission of facts called for is cause of dismissal without notice at any time during my employment.

I agree, if employed, to follow all rules and regulations of the Webbers Falls Public Schools.

I understand by state law the Webbers Falls Public Schools must/may require all employees to submit a health certificate from their physician, I further understand and agree be at my expense.

I understand that the Webbers Falls Board of Education requires that all new employees must submit a copy of their fingerprints (if employed) to the superintendent and pay for the processing costs. I further understand fingerprint report is negative, as interpreted by the superintendent, I will be terminated.

I agree to promptly notify Webbers Falls Public Schools of any change of address during my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_, hereby authorize Webbers Falls Public Schools to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Webbers Falls Public Schools will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name – Printed \_\_\_\_\_

Do not write below this line

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Date Employed \_\_\_\_\_ Reporting Date \_\_\_\_\_ Position \_\_\_\_\_

School or Department \_\_\_\_\_ Building Assignment \_\_\_\_\_

Salary \_\_\_\_\_ Contract Days \_\_\_\_\_ Hours \_\_\_\_\_