

NOWATA PUBLIC SCHOOLS

707 WEST OSAGE
 NOWATA, OKLAHOMA 74048
 Phone 273-3425 Fax 273-2105



(To Be Completed by Personnel Staff)	Appl. Ackn.	Ref & Cred. On File Ref & Cred. Request	Inter. Scheduled	Inter. Completed	Inter Code
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PROFESSIONAL EMPLOYMENT APPLICATION

PERSONAL DATA (Please Type or Print in Blue or Black Ink)

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

PRESENT ADDRESS

NO. & STREET

CITY

STATE

ZIP

TELEPHONE NUMBER

ADDRESS WHERE YOU
CAN ALWAYS BE
REACHED

NO. & STREET

CITY

STATE

ZIP

TELEPHONE NUMBER

MILITARY STATUS

VETERAN
Yes No

ARMY

AIR FORCE

MARINES

NAVY

COAST GUARD

POSITION FOR WHICH APPLYING (Please list subjects, grades in order of preference)

Elementary School (Grades PK-5)	Grades (List at least three)	Middle School (Grades 6-8)	Subjects (List only those for which certified)		
High School (Grades 9-12)	Subjects (List only those for which certified)	Other	Administrative, School Psychologist, Nurse	School	

Complete the following questions:

1. Are you currently under contract?.....Yes _____ No _____
Where? _____
 2. Do you possess a valid Oklahoma Teaching License/Certificate?..... Yes _____ No _____
(Attach a copy if "yes". If "no", have you applied? _____)
 3. Have you previously applied with this district.....Yes _____ No _____
 4. When are you available to start?..... _____ / _____ / _____
Mo. Day Year
- Are you currently certified in another state(s)?.....Yes _____ No _____
Where? _____ Type? _____ Subject or Grades? _____

Please Note: Your application will be retained in our active file (1) year from the date completed unless written request is filed for retention beyond that date. We will need to be notified of any changes on the application throughout the year.

(To Be Completed By Personnel Staff)	Credentials	Transcript	W-4	Certificate	Insurance
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NOWATA PUBLIC SCHOOLS - "AN EQUAL OPPORTUNITY EMPLOYER"

It is the policy of the Nowata Public School to provide equal opportunities without regard to race, color, national origin, sex age, religion, qualified handicap, or veteran in its educational services, financial aid, and employment.

EDUCATIONAL BACKGROUND		ATTENDED		Degree Received	Date
NAME	LOCATION	From	To		
High School	City and State				
College or University (Undergraduate)	City and State				
College or University (Graduate Study)	City and State				
Other	City and State				
Other	City and State				
Major Area Undergraduate	Minor Area Undergraduate	Major Area Graduate		Minor Area Graduate	

TEACHING EXPERIENCE (Place student teaching on first line.) Attach additional page if necessary.

School System	City and State	Grade(s) or Subject(s)	From		To	
			Month	Year	Month	Year

RELATED WORK EXPERIENCE (List only positions directly related to teaching, teaching area, or youth work.)

Employer	City and State	Position	From		To	
			Month	Year	Month	Year

PROFESSIONAL REFERENCES (List only those persons who are qualified to evaluate your qualifications for position sought. Include principals/superintendents of system where experience was gained.)

NAME	TITLE	COLLEGE, SCHOOL, AND SCHOOL SYSTEM	ADDRESS - - STREET, CITY, STATE, ZIP	PHONE
Cooperating Teacher				
College Advisor				
Other				
Other				
Other				
Other				