

Nowata Public Schools

707 West Osage

Nowata, Oklahoma 74048

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SUBSTITUTE APPLICATION

Date: _____

PERSONAL INFORMATION:

Telephone Number: _____

Name: _____
 (Last) (First) (Middle)

Permanent Address: _____
 (Street) (City) (State) (Zip)

DO YOU HOLD A VALID OKLAHOMA TEACHER LICENSE? _____ Yes _____ No

TOTAL YEARS TEACHING EXPERIENCE: _____

RANK IN ORDER 1 - 6 AREAS OF CHOICE: _____ ELEMENTARY _____ MIDDLE SCHOOL
 _____ HIGH SCHOOL _____ CAFETERIA
 _____ BUS DRIVER _____ CUSTODIAN

EDUCATION	NAME AND LOCATION OF SCHOOL	GRADE OR LEVEL COMPLETED
High School		
College		
Other		

List any other appropriate training, skills, honors, special studies:

REFERENCES: List three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED

Work Experience Including Military Service (Begin with latest employment first) Attach additional page if needed.

COMPANY OR SCHOOL	ADDRESS	DATES WORKED	TYPE OF WORK

Nowata Public Schools is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, age, or disability