

LITTLE AXE PUBLIC SCHOOLS SUPPORT EMPLOYEE APPLICATION

Office of the Superintendent, 2000 168th Ave. N.E. Norman, OK 73026

"An Equal Opportunity Employer"

PERSONAL INFORMATION

CURRENT DATE _____

Name: _____ (Please Print)	Social Security No. _____
Current Address: _____	
Phone # _____	Alternate Phone # _____
Emergency Contact _____	Phone # _____

After reviewing the essential job function from the attached job posting, are you able to do them with or without reasonable accommodations? ___yes ___no. The District is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodations. If after reviewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodations to perform the essential job function, the parties will explore those alternatives. **REMINDER: THE DISTRICT** may conduct a pre-employment exam which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.

POSITION DESIRED

<input type="checkbox"/> Secretarial/Clerical	<input type="checkbox"/> Food Service	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Bus Monitor	<input type="checkbox"/> Custodial	<input type="checkbox"/> Other _____		
Do you hold a current and valid Oklahoma operator's or commercial chauffeurs driver's license (with endorsements specific to the equipment you will be operating)? ___Yes ___No If so, give year and reason:					
Has your license been revoked or suspended in the last 5 years? ___yes ___No. If yes, give year and reason:					
(A non-acceptable driving record may include more than two(2) moving violations within the past three years; or any DWI, DUI or reckless driving (alcohol or drug related) within the last five years.					

Are you a U.S. Citizen? Yes ___ No ___	<i>We E-Verify all new employees</i>	
Do you have relatives working for Little Axe Public Schools? ___Yes ___No.		
Name _____	Position _____	Relationship _____
Date you can start work: _____		Would you agree to take a physical examination? ___yes ___no

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FORMER EMPLOYMENT (List last employment first)(Continue on a separate paper if necessary)

Date/Month/Year	Name, address & phone # of Employer	Describe the Work You Did
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		

EDUCATION

	(Name and Location of School)	No. Years Attended	Year Graduated	Subject Studied
High School/GED				
College				
Trade or Business School				

REFERENCES (List the names of three (3) persons not related to you, whom you have known at least one (1) year.

Name	Address	Occupation	Phone

Felony Questionnaire

In response to legislation, title 70 O.S. 1971, Sec. 5-103, every applicant is required to answer the following questions;

1. During the preceding ten year period, have you ever been convicted of a felony?.....Yes No
2. During the preceding ten-year period, have you ever been convicted of a crime involving moral turpitude?Yes No

If the answer to either of the preceding question questions is "Yes," state on a separate sheet of paper the nature of the charge and in what crime you were convicted.

ADDITIONAL INFORMATION

If you have any additional information or comments concerning any voluntary experience, any special licenses or training which would help us determine your suitability for this position, please use the space provided below or an extra sheet of paper if necessary. All attachments must be signed.

READ CAREFULLY BEFORE SIGNING

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the Little Axe School District to investigate any information included in the application, and I agree to submit to a medical examination if required. I understand that this application is not a contract of employment. I hereby release the Little Axe School District and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Little Axe School District.

Signature of Applicant

Date

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