McCord Public School District Application

*An Equal Opportunity Employer"

| | Certified Employee Appli | ication |
|--------------------------------|--------------------------|-----------------------|
| Personal Data | | Date of Application : |
| Legal Name | | |
| Last Name | First Name | MI Social Security # |
| | Address | Town, State, Zip Code |
| Present Address (if differe | ent) Street Address | Town, State, Zip Code |
| Cell Phone | Alt Phone | |
| Military Veteran: StatusYes | ArmyNavyAir Force | Active Duty Dates: |

- 2. Do you possess a valid Oklahoma Teaching License/Certificate? ____ Yes ____No. If yes, attach a copy. If no, have you applied? _____
- 3. When are you available to start?
- 4. Are you related to an employee of McCord School District or a member of the Board of Education?
- 5. Are you currently certified in another state? If so, where?

| EDUCAT | TIONAL BACKGROUND | ATTENDED | | | |
|--|-------------------------------|-----------------------|----|-----------------|--------------------|
| NAME | LOCATION | From | То | Degree Received | Date |
| High School | | | | | |
| College or University (Undergraduate) | | | | | |
| College or University (Graduate) | | | | | |
| Other | | | | | |
| Other | | | | | |
| Major Area (Undergraduate) | Minor Area (Undergraduate) | Major An (Graduate | | | or Area aduate) |

INEXPERIENCED CANDIDATES

STUDENT OR PRACTICE TEACHING: DATE STARTED_____ Grade or Subject Taught No. of Weeks _____ Name and Address of School Where Student Teaching Took Place: ______ _____Cooperating Teacher: ______

Cooperating Teacher Contact Information, including email:

College Supervisor Contact Information, including email:

CREDENTIALS: Do you have placement office credentials on file? YES _____ NO _____ If "Yes", please request that they be sent to the Personnel Office.

EXPERIENCED CANDIDATES

| DATES | Name, Address, and Zip of School District | Subject and/or Grades Taught |
|-------------------------|---|------------------------------|
| FROM | | |
| то | | |
| YEARS | | |
| Name of Principal | Final Year Salary | Reason for Leaving |
| DATES | Name, Address, and Zip of School District | Subject and/or Grades Taught |
| FROM TO | | |
| YEARS Name of Principal | Final Year Salary | Reason for Leaving |
| DATES | Name, Address, and Zip of School District | Subject and/or Grades Taught |
| FROM TO | | |
| YEARS | | |
| Name of Principal | Final Year Salary | Reason for Leaving |

Only teaching full time in college, teaching in a public school or in an accredited private school is creditable. Student teaching and substituting in most cases are not creditable. State law limits out-of-state experience to 5 years and military service experience to 5 years.

TOTAL NUMBER OF CREDITABLE YEARS

EXTRACURRICULAR INTERESTS

Please indicate areas in which you have experience and/or ability to assist in an extracurricular program. This includes such areas as music, publications, and athletics. List both the areas and the specific activities for which you are qualified and willing to direct.

| 1 | 2 | 3 |
|----|----|---|
| 4 | 5 | 6 |
| T. | ð: | 0 |

Professional References: (List only those persons who are qualified to evaluate your qualifications for position sought. You must include principals/superintendents of systems where experience was gained.)

| Name | Title | College or School | Address | Phone & Email |
|------|-------|-------------------|---------|---------------|
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Have you ever:

A. Been employed by this school district? Yes ____ No ____ If yes, when? _____

- B. Resigned a position as part of an agreement to avoid dismissal? Yes _____ No _____
- C. Been released from employment because of misconduct or unsatisfactory service? Yes _____ No _____
- D. Been convicted of a state or federal felony offense? Yes _____ No _____

REQUIRED CREDENTIALS INCLUDED WITH THIS APPLICATION:

- A copy of your Oklahoma Teaching Certificate(s) Complete
- Unofficial Transcript(s) (If hired, an official transcript must be provided)
- Verification of out of state experience
- Form 214 Verification of Military Service (if applicable)

Before this application can be evaluated, all requested information and materials must be received by the Personnel Office.

READ CAREFULLY BEFORE SIGNING

By affixing my signature I affirm that all information set forth in this application is accurate, truthful and complete. I understand that, if employed, false or misleading statements given in this application or interviews may result in discharge. I hereby grant permission to the McCord Public Schools to investigate any information included in this application. I understand that this application is not a contract of employment. I hereby release the district and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand that I am required to abide by all rules and regulations and policies of the McCord Public Schools, and I am required to perform all the essential functions of this position.

Signature of Applicant

Date

McCord Public Schools does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap or veteran. This institution is an equal opportunity employer. Your application will be retained in our active file (1) one year from the date completed unless a written request is filed for retention beyond that date. We will need to be notified of any changes on the application throughout the year.