

**EASTERN OKLAHOMA COUNTY TECHNOLOGY CENTER
DISTRICT NO. 23
4601 N. CHOCTAW RD.
CHOCTAW, OK 73020**

Print and mail this application to the address above

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Eastern Oklahoma County Technology Center considers all qualified applicants for each position and does not discriminate with regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition(s) or handicap(s). This policy is followed in the operation of its educational programs and activities, recruitment, admissions and employment practices.

Position Applied For _____ Date of Application _____

When are you Available for Employment _____ Acceptable Minimum Salary _____

Referral Source: (circle one) Advertisement Friend Relative Agency Other _____

PERSONAL DATA

Name _____
Last Middle First

Present Address _____
Number Street City State Zip Code

Permanent Address _____
Number Street City State Zip Code

Home Phone AC (____) _____ Business Phone AC (____) _____

Have you filed an application here before? No Yes Date: _____

Have you ever been employed here before: No Yes Date: _____

Are you available to work: Full-time Part-time Shift Work Yes No

Are there any periods during the year when you will not be available for work? No Yes When? _____

Are you legally eligible for employment in this country? Yes No

If "No", please explain _____

Have you been convicted of a crime? Yes No

If "Yes", please explain _____

EDUCATION

Complete Information Requested for Each Level of Education	School Name and Location, City & State	Number of Years Completed	Type of Certificate, Diploma, Degree & Major
High School			
College or University			
Military School(s) Apprenticeship, or Other Trade or Technical Training Programs			

Please continue on a separate sheet of paper if you need additional space.

SUMMARY OF EMPLOYMENT EXPERIENCE

_____ 1. Total Years Experience in Education (Teaching, Administrative, or Supervisor)

_____ 2. Total Years Experience in similar position.

_____ 3. Total Years of Experience in Business, Industry, Agriculture, or Military Service Related to Your Area of Specialization

May we contact your present employer for reference? Yes No

TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification on Oklahoma? Yes No

If yes, list type, number and expiration date of certificate:

Type _____ No. _____ Expiration Date _____

Type _____ No. _____ Expiration Date _____

Type _____ No. _____ Expiration Date _____

If you do not qualify for a Standard Teaching Certificate in Oklahoma, are you willing to work toward completion of the minimum requirements for your area of specialization? Yes No

Are you licensed or certified by any trade or profession? Yes No

If yes, indicate kind of license or certificate _____

Note: Specific Information regarding teaching certification may be obtained by writing to Vocational Teacher Certification, State Department of CareerTech, 1500 West Seventh Ave., Stillwater, OK 74074

Attach a copy of your Oklahoma Teaching Certificate, license or certificate to this application.

EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions and include military experience. Continue on a separate sheet of paper if you need additional space.

Dates Employed		Name and address of Employer	Summary of Work Performed
From	Mo Year		
To	Mo Year		
Job Title:			
Supervisor:			
Reason for Leaving:			

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From	Mo Year		
To	Mo Year		
Job Title:			
Supervisor:			
Reason for Leaving:			

GENERAL INFORMATION

List any professional activities or other information pertinent to this application. Please continue on a separate sheet of paper if you need additional space.

REFERENCES

Name	Address	City	State	Zip Code	Phone

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. The information is provided to acquaint the interviewer with my qualifications. I understand completion of this application does not constitute an offer of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all laws, policies, rules and regulations of the Board of Education and Administration of EOC Technology Center District 23, the State Department of Career *Tech*, and the State of Oklahoma. I authorize you to refer to any former employers or others to verify statements made.

Legal Signature of Applicant

Date

FOR USE BY ADMINISTRATIVE PERSONNEL ONLY

Interviewed: () No () Yes Date: _____ Time _____

Employed: () No () Yes Effective Date: _____ Salary: _____

Position: _____

Signature

Position

Date

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYEE QUESTIONNAIRE

Please provide the following information. It will be of assistance to the school district in conjunction with our Affirmative Action Program and will not be used for discriminatory purposes. **This is strictly voluntary.**

Name _____ SS# _____

Date of birth _____ Sex: Male Female

Position applied for _____

RACIAL/ETHNIC GROUP

Black or African American American Indian or Alaskan Native White

Hispanic or Latino Asian or Pacific Islander

Other Race/Ethnic Origin, specify _____

Please check all that apply to you.

SPECIAL DISABLED VETERAN

- (i) a veteran of the U.S. military ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability.
 - (a) Rated at 30 percent or more, or
 - (b) Rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 of Title 38, U.S.C., to have a serious employment handicap; or
- (ii) a person who was discharged or released from active duty because of service-connected disability.

VETERAN OF THE VIETNAM-ERA

A person who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964, through May 7, 1975, and

- (i) Was discharged or released there from with other than a dishonorable discharge, or
- (ii) Was discharged or released from active duty because of a service-connected disability.

NEWLY SEPARATED VETERANS

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

OTHER PROTECTED VETERANS

Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Precise Hire, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed or photocopied form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report from requesting company.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License: State _____ # _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.