

McALESTER PUBLIC SCHOOLS
McAlester, Oklahoma

APPLICATION FOR SCHOOL ADJUNCT COACHING POSITION

Date: _____ **Social Security Number:** _____

Name: _____ **Phone:** (____) _____

Home Address: _____
(Street/Box No.) (City) (State) (Zip)

Graduate of: _____ **High School.** **When** _____

College(s) attended:

_____ **Major** _____ **Hrs. Completed** _____ **When** _____

_____ **Major** _____ **Hrs. Completed** _____ **When** _____

Have you completed Care and Prevention of Athletic Injuries Course? **Yes** _____ **No** _____

If yes, Please attach a copy of proof of completion:

If no, are you willing to complete the course at your own expense?

If no, are you enrolled in the course at an accredited college or university? **Yes** _____ **No** _____

If yes, please attach a copy of enrollment form.

What training or experience do you have in teaching or coaching? _____

Are you willing to work any hours assigned? **Yes** _____ **No** _____

If "No", please indicate exceptions _____

Related work experience: (List only positions related to teaching or coaching)

 Employer Name Address Zip Code

 Kind of Business Dates Employed: From To

 Describe your duties

 Name and job title of supervisor Your reason for leaving

 Employer Name Address Zip Code

 Kind of Business Dates Employed: From To

 Describe your duties

 Name and job title of supervisor Your reason for leaving

References: (List former employers or people who know about your work experience. Do not list relatives)

Name Mailing Address Telephone Number

Have you ever been dismissed from employment? Yes _____ No _____

If so, provide details: _____

CRIMINAL ACTIVITIES

The district has a duty to teach students proper citizenship and respect for the law, and teachers have an obligation to serve as role models for students. Because the district teaches students about the dangers of chemical abuse and because the district is entrusted with the supervision of minors, the district cannot have employees performing duties while under the influence of dangerous substances or substances which adversely affect reaction time and good judgment.

Information concerning past illegal acts will be considered along with the time of the offense, the seriousness and nature of the violation, any rehabilitation's and your subsequent employment history.

Have you ever been convicted of a felony? Yes _____ No _____

If so, provide details: _____

Have you ever been convicted of a criminal offense involving illegal drugs?

Yes _____ No _____

If so, provide details: _____

Have you ever been convicted of a criminal offense involving illegal use of alcohol?

Yes _____ No _____

If so, provide details: _____

Have you ever been convicted of a criminal offense involving minors?

Yes _____ No _____

If so, provide details: _____

Have you ever been tested positive on an alcohol or controlled substance test?

Yes _____ No _____

If so, provide details: _____

Have you refused within the last two years to be alcohol or controlled substance tested?

Yes _____ No _____

If so, provide details: _____

DRIVING RECORD

This portion is only to be completed if you are applying for a position that requires the transportation of students:

Has your driver license been suspended within the last 5 years? Yes _____ No _____

What was the reason for the suspension, and when was it reinstated? _____

Have you ever been convicted of driving under the influence of drugs or alcohol?

Yes _____ No _____

If so, provide details: _____

It is the policy of the McAlester Board of Education to provide equal opportunity in all its operations and in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant on the grounds of age, race, religion, sex, color, national origin, ancestry, or handicapping conditions.

This application will serve as your request to add your name to our list of applicants. The acceptance of an application is not a promise of employment.

I understand that my application will remain active for one year after receipt and that I must notify the Superintendent's office, in writing, if I desire to be considered beyond that period of time.

Sign below if you agree that the District may contact your previous employers and ask them more detailed questions about your prior work experience, if you specifically consent to the release of information by these prior employers to the District, and agree to release such prior employers, their employees, and their governing boards, from any and all causes of action or other potential claims which you could have against them for answering questions about your work experience. This consent is a covenant not to sue any prior employer, their employees, or their board members from defamation, regardless of what said prior employers may relate to the District regarding your previous employment experience.

I have read this consent and release of all claims, and in consideration of being considered an applicant for employment agree to its terms.

I agree to take a physical examination at district expense if requested.

I do hereby certify that to the best of my knowledge and belief all of the facts and statements contained in this application are correct and true. I understand that if I am employed, falsified statements on this application shall be considered sufficient grounds for dismissal.

I understand that if I am employed by the McAlester Public Schools, and find that I want to resign, that I am required to give ten (10) working days notice in writing before leaving, and I will abide by this regulation.

Signature of Applicant

Date

Send application to:

Mr. Randy Hughes
Superintendent
McAlester Public Schools
P. O. Box 1027
McAlester, Oklahoma 74502-1027

**McALESTER PUBLIC SCHOOLS
OPTIONAL INFORMATION**

Position applied for: _____ Date: _____

Providing the following information is optional; the data requested will assist the school district with record keeping and reporting requirements; the information will not be used for discriminatory purposes, and will not be a part of the official employment application.

Name: _____ Social Security Number _____

Date of Birth: _____ Sex: Male _____ Female _____

Please check all that apply:

Ethnicity: _____ **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture origin, regardless of race.)

Race: _____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **American Indian or Alaskan Indian** (A person having origins in any of the original peoples of North and South America) including Central and who maintains tribal affiliation or community attachment.)

_____ **Asian or Pacific Islander** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)