

**McALESTER PUBLIC SCHOOLS
McAlester, Oklahoma**

APPLICATION OF CAMPUS POLICE OFFICER

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** _____

CLEET Full Time Peace Officer Certification: **Yes** _____ **No** _____

Collegiate Officer Program: **Yes** _____ **No** _____

(Attach a copy of CLEET Certificate)

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

Are you able to perform the physical, mental, and attendance requirements of this position?
Yes _____ **No** _____

Have you had full-time active Military Service? Date _____ **to** _____
(Give month, day, and year of entry and discharge)

Are you retired from the Oklahoma Teachers Retirement System?

Yes _____ **No** _____

Related work experience:

Employer Name	Address	Zip Code
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Kind of Business	Dates Employed: From	To
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Describe your duties

Name and job title of supervisor	Your reason for leaving
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Employer Name	Address	Zip Code
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Kind of Business	Dates Employed: From	To
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Kind of Business	Dates Employed: From	To
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Describe your duties

Name and job title of supervisor	Your reason for leaving
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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: _____

Please answer the following questions in your own handwriting:

1. Briefly discuss why you have chosen to apply for this position.

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 rehabilitations 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

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

Racial/Ethnic Group: _____ African American
_____ American Indian or Alaskan Indian
_____ Asian or Pacific Islander
_____ Caucasian
_____ Hispanic
_____ Another Race/Ethnic Origin
Specify _____