

**McALESTER PUBLIC SCHOOLS  
McALESTER, OKLAHOMA**

**APPLICATION FOR CERTIFIED POSITION**

**Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(Street/Box No.) (City) (State) (Zip)

**Present Address:** \_\_\_\_\_  
(If Different) (Street/Box No.) (City) (State) (Zip)

**List All Certifications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Choice of Positions:**                      **First Choice** \_\_\_\_\_  
**Second Choice:** \_\_\_\_\_  
**Third Choice:** \_\_\_\_\_

**High School from which graduated:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Undergraduate university or college:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Degree Received:** \_\_\_\_\_

**Major/Minor:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**GPA in Certificate Areas:** \_\_\_\_\_

**Are you retired from the Oklahoma Teachers Retirement System?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Other undergraduate universities attended:**

**Name of institution:** \_\_\_\_\_

**Dates of attendance:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Postgraduate university attended:** \_\_\_\_\_

**Dates of attendance:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Degree Received:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Other postgraduate universities attended:** \_\_\_\_\_

**Dates of attendance:** \_\_\_\_\_

**Subjects and hours completed:** \_\_\_\_\_

\_\_\_\_\_

**GPA:** \_\_\_\_\_

**Special Honors Attained or Offices Held:** \_\_\_\_\_

\_\_\_\_\_

**Practice Teaching: If practice teaching was performed during the last five years, provide the following:**

**Name of District/School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervising Teacher:** \_\_\_\_\_

**Grade level and subjects taught:** \_\_\_\_\_

Valid Oklahoma Teaching Certificate Held: Number \_\_\_\_\_  
 (Please attach a copy)

Kind: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (Standard, Provisional, etc.)

Type: \_\_\_\_\_  
 (Elementary or Secondary - Give Field- Admin., Special, etc.)

Approval Areas: \_\_\_\_\_  
 (Elementary, Social Studies, Language Arts, etc.)

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)

Related work experience: (List only positions related to teaching, teaching areas, or youth work.)

Employer	City and State	Position	From	To

References: (These should be professional educators who know your qualifications.)

Name	Official Position & Organization	Street, City, State, Zip, Phone

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 education as a profession.**

**2. Briefly discuss your strengths as a teacher.**

**3. Feel free to briefly add any comments you believe are pertinent to this application.  
(Optional)**

**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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Application, copy of teaching certificate, and a copy of all transcripts must be included for consideration. Feel free to include a resume. Please mail to:

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

I have included a copy of my teaching certificate: Yes \_\_\_\_\_ No \_\_\_\_\_

I have included a copy of my transcripts: Yes \_\_\_\_\_ No \_\_\_\_\_

**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.)