

**McALESTER PUBLIC SCHOOLS
McALESTER, OKLAHOMA**

APPLICATION FOR DIRECTOR OF CHILD NUTRITION

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

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

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

Present Address: _____
(If Different) (Street/Box No.) (City) (State) (Zip)

High School from which graduated: _____

Graduation Date: _____

Undergraduate university or college: _____

Graduation Date: _____

Degree Received: _____

Major/Minor: _____

GPA: _____

GPA in Certificate Areas: _____

Other undergraduate universities attended:

Name of institution: _____

Dates of attendance: _____

GPA: _____

Postgraduate university attended: _____

Dates of attendance: _____

Graduation Date: _____

Degree Received: _____

Major: _____

GPA: _____

Other related certification, schools or trainings attended: _____

Special Honors Attained or Offices Held: _____

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)

Work experience:

Employer: _____ City/State _____

Position: _____ To: _____ From: _____

Reason for Leaving: _____

Employer: _____ City/State _____

Position: _____ To: _____ From: _____

Reason for Leaving: _____

Employer: _____ City/State _____

Position: _____ To: _____ From: _____

Reason for Leaving: _____

Employer: _____ City/State _____

Position: _____ To: _____ From: _____

Reason for Leaving: _____

Employer: _____ City/State _____

Position: _____ To: _____ From: _____

Reason for Leaving: _____

Employer: _____ City/State _____

Position: _____ To: _____ From: _____

Reason for Leaving: _____

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

Name: _____ Official Position & Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Name: _____ Official Position & Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Name: _____ Official Position & Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Name: _____ Official Position & Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Name: _____ Official Position & Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

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 employees 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: _____

DRIVING RECORD

This portion is only to be completed if you are applying for a position that requires the employee to transport 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.

Include with this application a copy of teaching certificates or licenses and a copy of all transcripts. Feel free to include a resume.

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_____