

**McALESTER PUBLIC SCHOOLS  
McAlester, Oklahoma**

**APPLICATION FOR SCHOOL LUNCHROOM OR CAFETERIA WORK**

I am applying for: \_\_\_\_\_ Manager \_\_\_\_\_ Cook \_\_\_\_\_ Cook/Helper \_\_\_\_\_ Cashier

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

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

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

Graduate of: \_\_\_\_\_ High School. When \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How early can you start work each day? \_\_\_\_\_

Check each amount of hours you are willing to accept?

8hrs \_\_\_\_\_ 7hrs \_\_\_\_\_ 6hrs \_\_\_\_\_ 5hrs \_\_\_\_\_ 4hrs \_\_\_\_\_  
2hrs \_\_\_\_\_

What training or experience do you have in the following areas?

Manager \_\_\_\_\_

Cashier \_\_\_\_\_

Cook \_\_\_\_\_

Cook/Helper \_\_\_\_\_

Are you willing to do substitute work in case steady work is not presently available?

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

If so desired, a person doing substitute work will be considered for a permanent position when one becomes available.

Do you have a current Pittsburg County Health card? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you be willing to get one before being hired and keep it current? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, expiration date: \_\_\_\_\_

Are you willing to attend any and/or all workshops as they become available? Yes \_\_\_\_\_ No \_\_\_\_\_

**Work experience:**

Are you retired from the Oklahoma Teacher Retirement System? \_\_\_\_\_ Yes \_\_\_\_\_ No

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<b>Employer Name</b>	<b>Address</b>	<b>Zip Code</b>
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<b>Kind of Business</b>	<b>Date Employed: From</b>	<b>To</b>
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**Describe your duties**

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<b>Name and job title of supervisor</b>	<b>Reason for leaving</b>
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<b>Employer Name</b>	<b>Address</b>	<b>Zip Code</b>
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<b>Kind of Business</b>	<b>Dates Employed: From</b>	<b>To</b>
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<b>Kind of Business</b>	<b>Dates Employed: From</b>	<b>To</b>
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**Describe your duties**

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<b>Name and job title of supervisor</b>	<b>Your reason for leaving</b>
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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: \_\_\_\_\_  
\_\_\_\_\_

Do you have any impairments, physical, mental, or medical, which would interfere with your ability to perform the position for which you have applied? 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 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.**

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**Signature of Applicant** **Date**

**Send application to:** Superintendent  
McAlester Public Schools  
P. O. Box 1027  
McAlester, Oklahoma 74502-1027

**RELEASE**

**IT IS THE POLICY OF THIS BOARD OF EDUCATION TO REQUIRE A SIGNED RELEASE FROM ALL PROSPECTIVE EMPLOYEES ALLOWING A FELONY RECORDS CHECK TO BE CONDUCTED AS AUTHORIZED BY OKLAHOMA LAW. IT WILL NOT BE FILED WITH THE WELLS FARGO GUARD & INVESTIGATION SERVICES UNLESS YOU ARE A FINALIST FOR A SPECIFIC TEACHING/SUPPORT POSITION WITH THE McALESTER PUBLIC SCHOOLS.**

**McALESTER PUBLIC SCHOOLS  
P. O. BOX 1027  
McALESTER, OK. 74502-1027**

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_, do hereby request and authorize a review of and full disclosure of all records concerning myself by the Wells Fargo Guard & Investigation Services, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any criminal offenses on file in the State of Oklahoma.

I request this information be released to McAlester Public Schools' personnel office for consideration of my employment of McAlester Public Schools.

I certify that the Accufax Southvest, Inc. or and their employees who may furnish this information concerning me shall not be held accountable for giving this information, and I do hereby release the Accufax Southvest Inc. and its employees from any and all liability which may be incurred as a result of furnishing such information.

I understand that I will be required to pay to the Accufax Southvest, Inc. \$25.00 for the cost of an in-state criminal check, or \$39.00 for the cost of an out-of-state criminal check, if requested. (If applicant is given permanent employment status, the search fee will be reimbursed by McAlester Public Schools.)

\_\_\_\_\_ Signature  
Print Name (Including Maiden Name)

\_\_\_\_\_ Social Security Number  
Street City State Zip Code

\_\_\_\_\_ Date of Birth

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Notary Public  
My Commission Expires

**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 \_\_\_\_\_