

McALESTER PUBLIC SCHOOLS
McAlester, Oklahoma

APPLICATION FOR NETWORK SPECIALIST

Date: _____ Social Security Number: _____

Name: _____ Phone: (____) _____

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

Graduate of: _____ High School. When _____

College(s) or training institute(s) attended:

_____ Major _____ Hrs. Completed _____ When _____

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Are you retired from the Oklahoma Teachers Retirement System?

Yes _____ No _____

Operating System Experience:

_____ Windows XP Please explain:

_____ Windows 7

_____ Windows 8

_____ Mac OSX

_____ iOS

Server Experience:

_____ Windows Server Please explain:

_____ Mac Server

_____ Linux/Unix

_____ Virtual Servers / Desktops

_____ SANS / NAS

Network Management Experience:

_____ TCP/IP Configuration Please explain:

_____ Active Directory

_____ Mac Policies & Profiles

_____ MDM Management

_____ Exchange or other email system

_____ VoIP

_____ Switch & Router Management/Configuration; list by brand and experience with each:

_____ Layer 3 Routing / VLAN Configuration

_____ Firewall Management/Configuration; list by brand and experience with:

_____ Other; list

Other Technology Experience:

_____ Customer Service / Help Desk Please explain:

_____ Cat 5/6 Cabling

_____ Wireless

_____ Fiber Cabling

_____ Other; list

Please list any certifications or vendor specific hardware training (i.e. Dell, HP, etc.):

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

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>

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 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 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 re applying for a position that requires the teacher to transport students:

Has you driver license been suspended with the last five (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:

CONSUMER DISCLOSURE

In connection with MCALESTER PUBLIC SCHOOLS considering you for employment, continued employment, promotion or reassignment, MCALESTER PUBLIC SCHOOLS may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

Print Name

Date

Signature

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.)

McALESTER PUBLIC SCHOOLS
Background Report Authorization & Release

In connection with MCALESTER PUBLIC SCHOOLS considering me for employment, continued employment, promotion or reassignment, I authorize MCALESTER PUBLIC SCHOOLS and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by MCALESTER PUBLIC SCHOOLS, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release MCALESTER PUBLIC SCHOOLS., its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc. their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said process, will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof, I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

P L E A S E P R I N T Requested by: 421357 Ann. Sal. =<75K(605;91-508)

.....
FULL NAME _____ DOB _____ SSN _____

CURRENT ADDRESS _____ DL# _____

CITY _____ STATE _____ ZIP _____ HOW LONG? _____

PREV. ADDR. _____

CITY _____ STATE _____ ZIP _____ HOW LONG? _____

PREV. ADDR. _____

CITY _____ STATE _____ ZIP _____ HOW LONG? _____

Signature _____ Date _____

(State of Georgia, Notary) _____ Date _____

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APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ?) Y ___ N ___

BUSINESS
Employer Name _____ City _____ Tel _____ Dates _____ / _____
From _____ To _____

Employer Name _____ City _____ Tel _____ Dates _____ / _____

Employer Name _____ City _____ Tel _____ Dates _____ / _____

Last name while employed at any above, if different _____

HIGH SCHOOL
Name _____ City,St _____ Tel _____ Dates _____ / _____
From _____ To _____

Most recent
Years attended _____ Last year completed: 1 2 3 4 Degree(s) _____

Name _____ City _____ Tel _____ Dates _____ / _____

Last name while employed at any above, if different _____

PLEASE PRINT

“Date of Birth” (DOB) or “Age” will be used solely for the purpose of identification n doing background checks and will not be considered in the “employment” process.