

**McALESTER PUBLIC SCHOOLS  
McALESTER, OKLAHOMA**

**APPLICATION FOR NON-CERTIFIED ADMINISTRATOR/DIRECTOR**

**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)

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.)

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: \_\_\_\_\_  
\_\_\_\_\_

Are you retired from the Oklahoma Teachers Retirement System?

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

**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.

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Signature of Applicant

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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 \_\_\_\_\_