

**McALESTER PUBLIC SCHOOLS  
McALESTER, OKLAHOMA**

**APPLICATION FOR SUBSTITUTE TEACHING**

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

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

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

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

**What college(s) have you attended?**

Name of College	Major	Minor	Hours Completed	When

**Highest degree earned:** \_\_\_\_\_

**Valid Oklahoma Teaching Certificate Held: Number** \_\_\_\_\_  
(Please attach a copy) (Upper left hand corner)

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

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

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

**What experience or training do you have that relates to substitute teaching?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you able to perform the physical, mental, and attendance requirements of this position?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Elementary Grades and/or secondary subjects in which you will be willing to do substitute teaching:** \_\_\_\_\_

**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 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

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

All persons, firms, schools, and entities contacted by the McAlester Public Schools are hereby authorized to release any information or records concerning to the McAlester Public Schools, and I hereby release said persons, firms, schools, and entities from any liability as a result of the furnishing of such information and records.

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.

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