

**McALESTER PUBLIC SCHOOLS
McALESTER, OKLAHOMA**

APPLICATION FOR SUPERINTENDENT

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

Date of Birth: _____

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 postgraduate universities attended: _____

Dates of attendance: _____

Subjects and hours completed: _____

GPA: _____

Special Honors Attained or Offices Held: _____

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.)

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)

Related work experience:

Employer	City and State	Position	From	To

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

Name	Official Position & Organization	Street, City, State, Zip, Phone

Have you ever been dismissed from employment? Yes _____ No _____

If so, provide details: _____

ADMINISTRATIVE COMPETENCIES:

Prioritize in order of importance the following competencies that may be required of a Superintendent . (Rank from 1 to 9, with 1 as most important.)

_____ **Community Relations**

_____ **Curriculum**

_____ **Facilities**

_____ **Fiscal Management**

_____ **Implementation of Board Policies**

_____ **Leadership of Staff**

_____ **Personnel**

_____ **Relationship with Board**

_____ **Vision**

Why did you choose your number one and two rankings? _____

Why would you make an effective superintendent? _____

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 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. Please include a resume.

Signature of Applicant

Date

Send application to:

Board of Education
McAlester Public Schools
P. O. Box 1027
McAlester, Oklahoma 74502-1027

McALESTER PUBLIC SCHOOLS
Background Report Authorization & Release

In connection with McAlester Public Schools consideration of me for employment, continued employment, promotion or reassignment, I understand that McAlester Public Schools may conduct inquiries into my background that may include obtaining personal credit reports, driving, criminal, personal reference, job reference and other reports pertaining to me. These inquiries may include personal conversations with persons possessing knowledge relevant to these categories. These background inquiries will be conducted and reports obtained to provide McAlester Public Schools with information regarding my character, general reputation, personal characteristics, work record and characteristics, skills and abilities, education and training, employment experience, past job performance, reasons, for termination of previous employment and other pertinent information.

I understand that for this purpose McAlester Public Schools or ACCUFAX Div., Southvest, Inc., its agents will be requesting information from various federal, state and local government agencies, previous employers and other appropriate sources of information that maintain records or possess knowledge about my education, employment, personal credit, criminal driving or other relevant activities, experiences and records, including, but not limited to, my character, general reputation and personal characteristics.

I understand I have the right to make a written request, within a reasonable time, to receive information about the nature and scope of this background check. I hereby consent to McAlester Public Schools, or its agent ACCUFAX Div., Southvest, Inc., acting on its behalf, to obtain the above stated information.

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 also release McAlester Public Schools, and its agent, ACCUFAX Div., Southvest, Inc., from any and all liability for conducting such background checks.

**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.)