

Are you 18 years of age or older? _____

Do you have a relative who is either a member of the Cashion School District Board of Education or who is employed in any capacity in the Cashion Public Schools? _____

If yes, please list the following information:

NAME OF RELATIVE	RELATIONSHIP	POSITION HELD

In case of emergency, the School should notify: _____

Relationship _____ Phone Number: _____

Have you ever:

❶ Entered a plea of guilty or *nolo contendere* to a State or Federal felony charge?

Yes _____ No _____

❷ Been convicted of a State or Federal felony offense?

Yes _____ No _____

❸ Been charged with a State or Federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or *nolo contendere*?

Yes _____ No _____

❹ Entered a plea of guilty or *nolo contendere* to, or been convicted of, a State or Federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?

Yes _____ No _____

If you have answered "yes" to any of the above, please complete the following:

TYPE OF VIOLATION	DATE	PLACE (CITY, STATE)

B. Previous Experience

List below a complete chronological history of previous work experience.
Please begin with the most recent .

FORMER EMPLOYER (LIST COMPANY NAME, COMPLETE ADDRESS AND TELEPHONE NUMBER)	YOUR IMMEDIATE SUPERVISOR	DATES WORKED (FROM / TO)

Do you have any special skills or qualifications that would make you more qualified for the position for which you are applying? (i.e., specialized schooling, types of equipment you are trained to use, etc.) *Please use the back of this page if you need more space.*

What was the major reason for leaving your last employment? _____

C. References

(Please do not refer to relatives.)

NAME FULL MAILING ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT

Your Driver's License # _____ State of Issue _____ Expiration Date _____

Chauffeur? _____ Commercial Chauffeur? _____ Operator's? _____

List any traffic offenses for which you have forfeited your license during the past three years:
(Please use the back of this page if you need more space.)

OFFENSE	PLACE	YEAR

Have you ever driven a school bus? _____ When and where? _____

List any restrictions on your license: _____

Have you ever attended the Oklahoma School Bus Driving School? _____

If so, list the dates and location of the school: _____

School bus certification expires: _____

D. Completed Application

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.

All applicants must apply directly to the Superintendent and not to individual schools.

I understand that my application will remain in force from January 1 through December of the year in which application is made. I understand that I should notify the Superintendent in writing if I wish to be considered beyond that period.

All persons, firms and entities listed in this application are hereby authorized to release any information concerning me to the Personnel Department of Cashion Public Schools. I hereby release said persons, firms and entities from any liability as a result of the furnishing of such records and information.

I certify that to the best of my knowledge the facts set forth in my application are accurate and complete. I understand that if I am employed and any information in this application is found to be false or incomplete, my employment can be terminated.

Signature of Applicant

Date