CASHION PUBLIC SCHOOLS  
P.O. Box 100  
Cashion, OK 73016

— APPLICATION FOR CERTIFIED POSITION —

Notice to Applicant:

Independent School District No. 37 of Kingfisher County, Oklahoma, (hereinafter referred to as the “District”) does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, age, national origin, disability, or status as a Vietnam era or disabled veteran. This anti-discrimination policy encompasses recruitment, selection, assignment, promotion, transfer, termination, compensation, training and apprenticeship, and all other terms, conditions, benefits and privileges associated with employment. This policy also extends to the education programs and activities operated by the District.

When you have properly filled in this application, mail or return it to the District. All statements must be clear, concise and true; otherwise, any appointment made may become invalid at once.

The following credentials will be required of all employees in a classified assignment in the District:

- Properly completed application
- Loyalty Oath  
  executed before a Notary Public
- Federal I-9 form  
  with requested forms of identification
- Application for Felony Offense Records
- Birth Certificate  
  (photostatic copy is acceptable)
- IRS form W-4  
  Employee’s Withholding Exemption Certificate

A. General Information

I hereby apply to Cashion Public Schools for employment.

Today’s date: ______________________

<table>
<thead>
<tr>
<th>Full Last Name</th>
<th>Full First Name</th>
<th>Full Middle Name</th>
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Social Security Number: ______________________ Home Telephone: ______________________

Full Home Address: ______________________

Street

City ______________________ State ______________________ Zip ______________________

Permanent Address (if different from above) ______________________

Permanent phone #: ______________________
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:*

<table>
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<tr>
<th>NAME OF RELATIVE</th>
<th>RELATIONSHIP</th>
<th>POSITION HELD</th>
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In case of emergency, the School should notify: ____________________________________________

Relationship ___________________________ Phone Number: ____________________________

**B. Employment Preference**

1) **Type of application:** □ Full time only □ Substitute only □ Either

2) **Areas of preference** *(check only those areas for which you currently qualify and in which you would accept employment):*

   - □ Elementary School
   - □ Senior High School
   - □ Junior High School
   - □ Professional School Service Employee (Administrator, Counselor, Librarian, Nurse, etc.)
   - □ Other (specify): ____________________________

3) **For Elementary Applicants:** □ Kindergarten □ Primary (grades 1-3)
   □ Intermediate (grades 4-6)

   Please list other subjects you are currently qualified to teach: ____________________________

4) **For Junior/Senior High Applicants:**
   (a) **Your Major teaching field:** ____________________________________________

   Please list the subjects you are qualified to teach in your major: ________________________

   ____________________________________________

   (b) **Minor teaching field:** ____________________________________________

   Please list the subjects you are qualified to teach in your minor: ________________________

   ____________________________________________
(c) Other areas in which you are qualified to teach or supervise: ____________________________


C. Educational Preparation

<table>
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<tr>
<th>Institution &amp; Location</th>
<th>Kind of Degree</th>
<th>Date of Graduation</th>
<th>major</th>
<th>minor</th>
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<td>(High School)</td>
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<td>(Undergraduate)</td>
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<tr>
<td>(Graduate)</td>
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Practice Teaching:

☐ Completed ☐ Currently taking ☐ None

If you have completed practice teaching within the last three years or if you are currently doing so, please advise the following:

Name of cooperating teacher: ____________________________________________

School & location: ______________________________________________________
D. Previous Experience

List below a complete chronological history of your professional experience. Please begin with the most recent.

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>ADDRESS &amp; PHONE NUMBER</th>
<th>ASSIGNMENT</th>
<th>BEGIN DATE</th>
<th>END DATE</th>
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What was the major reason for leaving your last employment? ____________________________

Have you ever:

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

   Yes _________  No _________

2. Been convicted of a State or Federal felony offense?

   Yes _________  No _________

3. 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 _________

4. 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:

<table>
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<th>TYPE OF VIOLATION</th>
<th>DATE</th>
<th>PLACE (CITY, STATE)</th>
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E. Professional References

In naming references, give preferences to supervisors, principals, educators, or others who are familiar with your professional work. Addresses for each reference must be complete.

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<th>NAME</th>
<th>TELEPHONE NUMBER</th>
<th>POSITION OF REFERENCE &amp; WHEN S/HE KNEW OF YOUR WORK</th>
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\* \* \* \*
E. 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. Thereby 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