### CASHION PUBLIC SCHOOLS

P.O. Box 100 Cashion, OK. 73016

#### — APPLICATION FOR SUPPORT 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. The 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 assigned to a support position in the District:

•Properly completed application

• Application for Felony Offense Records

• Loyalty .Oath executed before a Notary Public • Birth Certificate (photostatic copy is acceptable)

• Federal I-9 form
with requested forms of identification

• IRS form W-4
• Employee's Withholding Exemption Certificate

• A Workplace Drug & Alcohol Testing Screen for the positions of custodian, maintenance, and bus drivers

### A. General Information

### I hereby apply to Cashion Public Schools for employment.

Position desired:	Today's date:		
Full Last Name	Full First Name	Full Middle Name	
Social Security Number:	Home Telephone:		
Full Home Address:  Street			
City	State	Zip	

Phone  dere to a State of  No  elony offense?  No  elony offense wh	— hich was reduced to a misde-
Phone  dere to a State of  No  elony offense?  No  elony offense wh	e Number:  or Federal felony charge?  hich was reduced to a misde-
Phone  dere to a State of  No  elony offense?  No  felony offense wh	e Number:  or Federal felony charge?  hich was reduced to a misde-
Phone  dere to a State of  No  elony offense?  No  elony offense wh	e Number:  Trederal felony charge?  hich was reduced to a misde-
No	r Federal felony charge?  hich was reduced to a misde-
No Plony offense? No Pelony offense wh	— hich was reduced to a misde-
Noelony offense wh	hich was reduced to a misde-
•	· ·
uilty or <i>nolo cont</i>	tendere?
No	
	convicted of, a State or Federal egal sexual activity?
No	
	complete the following:
DATE	PLACE (CITY, STATE)
5	Nohe above, please

# 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)	
·			
Oo you have any special skills or ac pecialized schooling, types of equi age if you need more space.			
	٧		
What was the major reason for leav	ing your last employment?		

## C. References

(Please do not refer to relatives.)

			,
NAME FULL MAILING AD	DRESS	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT
g.		·	
•			
Your Driver's License #	·	State of Issue	Expiration Date
Chauffeur?	Commercial Cl	nauffeur?	Operator's?
List any traffic offenses for with the last any traffic offenses for with the last of page 3			e during the past three years:
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 appli The acceptance of an application is not a promise of employment. All applicants must apply directly to the Superintendent and not to individual so	
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	