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 ____________
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:

<table>
<thead>
<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: ______________________

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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<tr>
<th>TYPE OF VIOLATION</th>
<th>DATE</th>
<th>PLACE (CITY, STATE)</th>
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2
B. Previous Experience

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

<table>
<thead>
<tr>
<th>FORMER EMPLOYER (LIST COMPANY NAME, COMPLETE ADDRESS AND TELEPHONE NUMBER)</th>
<th>YOUR IMMEDIATE SUPERVISOR</th>
<th>DATES WORKED (FROM/TO)</th>
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Do you have any special skills or additional qualifications that would like us to know about? 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.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE NUMBER</th>
<th>RELATIONSHIP TO APPLICANT</th>
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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 page 3 if you need more space.)

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<tr>
<th>OFFENSE</th>
<th>PLACE</th>
<th>YEAR</th>
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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: _____________________________