

NON-CERTIFIED PERSONNEL APPLICATION

BETHANY PUBLIC SCHOOLS
6721 N.W. 42
Bethany, OK 73008
(405) 499-4601
Dr. Kent Shellenberger, Superintendent

"We are an Equal Opportunity Employer"

Prospective employees will receive equal employment opportunities without regard to race, color, national origin, gender, sexual orientation, age, disability, religion, socio-economic status, or veteran status.

(Please print or type in black ink.)

POSITION APPLYING FOR _____ DATE _____

NAME _____ SOCIAL SECURITY # _____
Last First Middle

ADDRESS _____ PHONE _____
Number & Street City State Zip

Give date you would be available for position _____

Are you a U.S. Citizen? _____ Yes _____ No If not, are you a legal alien? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

Are you able to perform the tasks of this job _____ with or _____ without an accommodation?

If "with" is checked, how would you perform the tasks, and with what accommodation(s)?

Do you have any relatives currently employed by this school? _____ Yes _____ No

EDUCATIONAL BACKGROUND						
Name of High School, College or University, Other	Dates Attended		Graduation		Subject/Hours	
	From	To	Date	Degree	Major	Minor

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. If you list typing and/or shorthand skills, list words per minute. List any software that you can use.

EMPLOYMENT EXPERIENCE (Start with your present or last job.)			
1. EMPLOYER	EMPLOYER'S ADDRESS, CITY, STATE, AND ZIP CODE	STARTING DATE	ENDING DATE
YOUR POSITION OR TITLE	PRIMARY RESPONSIBILITY		
SUPERVISOR'S NAME	REASON FOR LEAVING		
2. EMPLOYER	EMPLOYER'S ADDRESS, CITY, STATE, AND ZIP CODE	STARTING DATE	ENDING DATE
YOUR POSITION OR TITLE	PRIMARY RESPONSIBILITY		
SUPERVISOR'S NAME	REASON FOR LEAVING		
3. EMPLOYER	EMPLOYER'S ADDRESS, CITY, STATE, AND ZIP CODE	STARTING DATE	ENDING DATE
YOUR POSITION OR TITLE	PRIMARY RESPONSIBILITY		
SUPERVISOR'S NAME	REASON FOR LEAVING		
4. EMPLOYER	EMPLOYER'S ADDRESS, CITY, STATE, AND ZIP CODE	STARTING DATE	ENDING DATE
YOUR POSITION OR TITLE	PRIMARY RESPONSIBILITY		
SUPERVISOR'S NAME	REASON FOR LEAVING		

PROFESSIONAL REFERENCES			
Name	Official Position	Street Address, City, State, Zip	Phone

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I further understand that this application must be filled out completely in order to be considered for a position. You are hereby authorized to make any investigation of my personal and employment history.

Signature of Applicant _____ Date _____