



PO Box 189
WELCH OK 74369
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EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

MAY WE CONTACT YOU AT WORK FOR INTERVIEW PURPOSES? YES NO

POSITION SOUGHT _____

ARE YOU WILLING AND ABLE, WITH OR WITHOUT ACCOMMODATION, TO PERFORM NECESSARY JOB-RELATED TRAVEL?

YES NO

DATE AVAILABLE FOR EMPLOYMENT _____

EDUCATION: INCLUDE HIGH SCHOOL, VOCATIONAL SCHOOL AND COLLEGE. VERIFICATION OF ALL LEVELS OF EDUCATION IS REQUIRED. OFFICIAL TRANSCRIPTS ARE REQUIRED, HOWEVER TO MEET APPLICATION DEADLINE, COPIES ARE ACCEPTABLE.

NAME OF SCHOOL OR COLLEGE	CITY, STATE	NUMBER OF YEARS COMPLETED	DIPLOMA OR TYPE OF DEGREE RECEIVED	AREA OF STUDY

LIST CURRICULUM AREAS IN WHICH YOU HOLD VALID OKLAHOMA CERTIFICATION:

LIST ANY PROFESSIONAL OR OCCUPATIONAL LICENSE OR REGISTRATION: _____

HAVE YOU EVER WORKED FOR THE WELCH PUBLIC SCHOOLS? YES NO

NAME AT TIME OF EMPLOYMENT _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____

HAVE YOU USED A COMPUTER IN THE WORKPLACE? YES NO

FOR PERSONAL USE? YES NO

IF SO, WHAT KIND OF COMPUTERS/SOFTWARE HAVE YOU USED? _____

WOULD YOU CONSIDER YOURSELF TO BE COMPUTER-LITERATE? YES NO TYPING SKILL _____ WPM

LIST SPECIAL SKILLS INCLUDING BUSINESS MACHINES/OFFICE EQUIPMENT OPERATION _____

EXPERIENCE: PLEASE LIST DIFFERENT POSITIONS WITH EACH EMPLOYER AS SEPARATE PERIOD OF EMPLOYMENT

1. PRESENT EMPLOYER:

_____ LOCATION _____

JOB TITLE _____ EMPLOYED SINCE _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? YES NO

SUPERVISOR'S NAME _____ SUPERVISOR'S PHONE _____

DESCRIPTION OF WORK PERFORMED _____

NO. OF EMPLOYEES SUPERVISED _____ PRESENT SALARY \$_____ PER _____ HOURS PER WEEK: _____

REASON FOR WANTING TO LEAVE _____

2. EMPLOYER AND LOCATION

_____ JOB TITLE _____

SUPERVISOR'S NAME _____ EMPLOYED FROM _____ TO _____
PHONE _____

DESCRIPTION OF WORK PERFORMED _____

NO. OF EMPLOYEES SUPERVISED _____ ENDING SALARY \$_____ PER _____ HOURS PER WEEK: _____

REASON FOR LEAVING _____

3. **EMPLOYER AND LOCATION**

JOB TITLE _____

EMPLOYED FROM _____ TO _____

SUPERVISOR'S NAME PHONE

DESCRIPTION OF WORK PERFORMED _____

NO. OF EMPLOYEES SUPERVISED _____ ENDING SALARY \$_____ PER _____ HOURS PER WEEK: _____

REASON FOR LEAVING _____

4. **EMPLOYER AND LOCATION**

JOB TITLE _____

EMPLOYED FROM _____ TO _____

SUPERVISOR'S NAME PHONE

DESCRIPTION OF WORK PERFORMED _____

NO. OF EMPLOYEES SUPERVISED _____ ENDING SALARY \$_____ PER _____ HOURS PER WEEK: _____

REASON FOR LEAVING _____

IF YOU HAVE MORE THAN FOUR (4) SEPARATE PERIODS OF EMPLOYMENT, FILL OUT A BLANK SHEET IN THE ABOVE FORMAT, SIGN AND ATTACH TO THIS APPLICATION. YOU MAY ALSO ATTACH A RESUME, BUT THE INFORMATION ABOVE MUST ALSO BE PROVIDED.

PERSONAL/PROFESSIONAL REFERENCES

LIST THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME AND ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION AND IN ANY OTHER FORM, ORAL OR WRITTEN, IS TRUE AND ACCURATE. I HEREBY AUTHORIZE THE WELCH SCHOOL DISTRICT I-017 TO VERIFY THE INFORMATION I HAVE PROVIDED IN MY EMPLOYMENT APPLICATION, IN MY ORAL STATEMENTS AND IN ANY OTHER DOCUMENTS OR SUPPLEMENTAL INFORMATION I HAVE PROVIDED TO THIS SCHOOL FOR THE PURPOSES OF EMPLOYMENT. I UNDERSTAND AND AGREE THAT MISSTATED, MISLEADING, INCOMPLETE OR FALSE INFORMATION IS GROUNDS FOR MY DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT, FOR WITHDRAWAL OF ANY OFFER OF EMPLOYMENT IF AN OFFER HAS BEEN MADE, OR FOR MY IMMEDIATE DISCHARGE IF EMPLOYMENT HAS ALREADY COMMENCED, WHENEVER, AND HOWEVER DISCOVERED. I HEREBY RELEASE FROM LIABILITY AND HOLD HARMLESS THE WELCH SCHOOL DISTRICT I-017 AND ITS EMPLOYEES, ALONG WITH ANY ORGANIZATION OR INDIVIDUAL PROVIDING INFORMATION TO THE WELCH SCHOOL DISTRICT I-017, FROM ANY AND ALL CAUSES OF ACTION ACCRUED TO ME AS A RESULT OF SUCH DISCLOSURE OF INFORMATION CONCERNING ME. I REALIZE THAT ANY CRIMINAL HISTORY MAY BAR EMPLOYMENT WITH THE WELCH SCHOOL DISTRICT I-017. I FURTHER UNDERSTAND THAT NOTHING IN MY APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT RELATIONSHIP OR CONTRACT FOR EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT ON A CLEAR BACKGROUND CHECK THAT IS RECEIVED WITHIN 60 DAYS OF THE FIRST DAY OF DUTY.

SIGNATURE REQUIRED	DATE
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FOR ADMINISTRATIVE USE