

SUBSTITUTE TEACHER APPLICATION



LEXINGTON PUBLIC SCHOOLS

Office of the Superintendent, 420 NE 4th Street, Lexington, OK 73051

“An Equal Opportunity Employer”

Notice to Applicant:

Independent School District No. 57 of Cleveland County, Oklahoma 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 of 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.

District is specifically prohibited by Title IX of the Education Amendments of 1972, as amended, and Title 45, subtitle A, part 86 of the Implementing Regulations administered by the Director of the Office of the Civil Rights of the United States Department of Health, Education and Welfare.

PERSONAL INFORMATION

CURRENT DATE _____

Name: _____		
Last	First	Middle
Present Address: _____	Home Phone: _____	
_____	Cell Phone: _____	
In Case of Emergency, Notify: _____	Phone: _____	

EMPLOYMENT PREFERENCE

Certified _____ Certificate Number _____ Exp _____ Non-Certified _____

Area of Preference and/or Special Interest		
_____ Elementary School	_____ Art	_____ Physical Education
_____ Middle School	_____ Home Economics	_____ Music
_____ Junior High	_____ Woodwork	_____ Other
_____ High School		

EDUCATIONAL PREPARATION

High School Attended _____ Date Graduated _____

College Attended	Location	Date Graduated	Degree
Undergraduate:			
Graduate:			

College Major: _____ College Minor: _____

PREVIOUS EXPERIENCE List below a complete chronological history of professional experience (begin with most recent).

Name of Employer	Address	Position	Begin Date	End Date

REFERENCES: (Do not list relatives) List at least two local references

Name	Address	Phone	Occupation	Years Known

COMPLETED APPLICATION

I hereby affirm that all information given in this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

I. Miscellaneous

Have you ever entered a plea of guilty or nolo contendere to a state or federal charge?
____ Yes ____ No

Have you ever been convicted of a state or federal felony offense? ____ Yes ____ No

Have you ever been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a guilty or nolo contendere? ____ Yes ____ No

Have you ever entered a guilty plea or nolo contendere to, or been convicted of, a state or federal misdemeanor charge involving an illegal chemical substance or an illegal sexual activity?
____ Yes ____ No

If you have answered yes to any of the above questions, please explain the type of violation(s) and the date and the place of occurrence:

CONFIDENTIAL INFORMATION SHEET

Dear Applicant:

Please provide the information requested below. This information is necessary for the District to conduct a felony background check and to verify your eligibility for employment in the United States.

Felony background checks and employment verification will be conducted only for those applicants to whom the District intends to extend an offer of employment. The information provided will be completely confidential and will be used for no other purpose.

Applicant Name: _____

Applicant Date of Birth: _____

Applicant Social Security # _____