

SUPPORT EMPLOYEE APPLICATION



LEXINGTON PUBLIC SCHOOLS

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

“An Equal Opportunity Employer”

PERSONAL INFORMATION

CURRENT DATE _____

Name: _____
Last
First
Middle

Present Address: _____ Home Phone: _____

Cell Phone: _____

In Case of Emergency,
 Notify: _____ Phone: _____

Are you a U.S. Citizen? Yes No *We E-Verify all new employees*

Do you have relatives working for Lexington Public Schools? Yes No
 Name _____ Position _____ Relationship _____

Hobbies/Leisure Time Activities:

PERSONAL AND BUSINESS REFERENCES: (Do not list relatives)

Name	Address	Phone	Occupation	Years Known

EMPLOYMENT RECORD List below a chronological history of professional experience (begin with most recent).

From	To	Employer/Address	Position	Salary	Reason for Leaving

EDUCATION

Name and Address of Last School Attended: _____

Circle Highest Grade Completed: Date Graduated: _____
 Grade 1 2 3 4 5 6 7 8 9 10 11 12 School: _____
 College 1 2 3 4 Date Rec'd G.E.D. Certificate: _____
 Other: _____

On the following pages, complete only the section(s) appropriate for the position(s) for which you are applying.

A. Custodial and Warehouse

Have you had previous custodial or warehouse experience? Yes No

If yes, please describe _____

Experience:

Floor Waxing Buffing Window Cleaning Carpet Cleaning Delivery

Fork Lift Operator Truck Driving

Do you own, or will you purchase, your own small hand tools? Yes No

Do you hold a current Oklahoma Drivers License? Yes No Chauffeur's License? Yes No

Do you have any health problems that would prevent you from lifting? Yes No

If yes, please explain _____

Hours available: Day Shift Evening Shift Part-Time

B. Maintenance

Experience:

Carpentry ____ Masonry ____ Plumbing ____ Electrical ____ Painting ____
Heat/Air Conditioning ____ Welding ____ Other (specify) _____

Please describe any special training or experience you have received in any of the above: _____

Do you hold a License or Rating Card in any of the above skills? _____

Do you own, or will you purchase, you own small hand tools? ____ Yes ____ No

Do you hold a current Oklahoma Drivers License? ____ Yes ____ No Chauffeur's License? ____ Yes ____ No

Hours available: Day Shift ____ Evening Shift ____ Part-Time ____

C. Groundskeeping

Experience:

Lawn Maintenance ____ Tree/Shrub Trimming ____ Landscaping ____

Can you operate any of the following (please check)

Backhoe ____ Tractor ____ Box Blade ____ Mowers ____ Powered Edgers ____ Chainsaw ____
Dump Truck ____ Other (specify) _____

Please describe any special training or experience you have received in any of the above areas: _____

D. 1. Transportation (Bus Mechanic)What special training or experience have you received that would qualify you for this position? _____

Do you own your own tools? ____ Yes ____ No

D. 2. Transportation (Bus Driver)

Do you hold a current Commercial Oklahoma Drivers License? ____ Yes ____ No

Please list endorsements _____ Chauffeur's License? ____ Yes ____ No

Do you have current State Department of Education Certification to operate a bus? ____ Yes ____ No

E. Teacher's Assistant (clerical)

Experience:

Typing (required) _____

Computer Software: Microsoft Office: Word _____ Abode software (please list) _____
 Excel _____ Other _____
 Publisher _____
 Outlook _____

 Operating system: Win XP _____ Windows 7 _____ Other: _____

Computer data entry/retrieval? Please explain _____

Have you had experience in a school setting? Yes _____ No _____

If yes, please explain (volunteer, substitute or full-time employment) : _____

What level do you prefer? Elementary _____ Junior High _____ High School _____

F. Teacher's Assistant (Handicapped classes)

Have you had experience or training working with handicapped children? Yes _____ No _____

If yes, please explain _____

Why are you interested in working with handicapped children? _____

Would you be willing to be observed in a handicapped class before employment? Yes _____ No _____

What level do you prefer? Preschool _____ Elementary _____ Junior High _____ High School _____ Bus _____

G. Secretarial

Typing ____ (Speed) ____	Filing ____	Ten Key Adding Machine ____	Calculator ____
Copy Machine ____	Multi-line Phone System ____	Postage Machine ____	Accounting ____
Computer Software: Microsoft Office:	Word ____	Abode software (please list) _____	
	Excel ____	Other _____	
	Publisher ____	_____	
	Outlook ____		
Operating system:	Win XP ____	Windows 7 ____	Other: _____

Computer data entry/retrieval ? Please explain _____

List special training, experience or strengths you have that you feel would qualify you for a secretarial position in our school district _____

Hours available: Full-Time (12 months) ____ Full-time (10 months) ____ Part-time ____

Secretarial applicants may be required to take a typing, spelling, grammar and punctuation test

H. Food Service

Have you had experience or training in quantity food service? ____ Yes ____ No

What experience do you have in cooking in large quantities?

Please explain _____

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: _____

I. Pre-employment Statement Please read carefully and sign below

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from Lexington Public School's employ.
2. Any offer of employment I may receive from Lexington Public Schools is contingent upon my successful completion of the School District's total pre-employment screening process, including the School District's receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the school district may require. I also agree, if employed, to submit to a medical examination at any time at the School District's request. I hereby consent to having the results of any post offer pre-employment or post-employment medical exams, I may be required to take, disclosed to Lexington Public Schools.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass screening for alcohol and/or drugs. I also understand and agree that if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Lexington Public Schools. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo, disclosed to Lexington Public Schools.
4. In processing my application for employment, the School District may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the School District, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope if this investigation.

Signature _____

Date _____

It is the policy of Lexington Public Schools to assure that there shall be no discrimination against any applicant on the grounds of age, race, color, religion, sex, national origin, or ancestry.

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 # _____