

APPLICATION FOR CERTIFIED POSITION



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.

When you have properly filled in this application, mail or return to Lexington Public Schools, 420 NE 4th Street, Lexington, OK 73051. 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 for any classified assignment in the Lexington School District; properly completed application, a national criminal history record check, loyalty oath (executed before a notary), birth certificate (photocopy is acceptable), I-9 form (we E-Verify all employees), form W-4, employees withholding exemption certificate.

PERSONAL INFORMATION

CURRENT DATE _____

Name: _____		
Last	First	Middle
Present Address: _____	Home Phone: _____	
_____	Cell Phone: _____	
Permanent Address: _____	Telephone: _____	

In Case of Emergency, Notify: _____	Phone: _____	
Do you have a relative who is a member of the Lexington Board of Education? _____ Yes _____ No		
If yes, please give relationship: _____		

EDUCATIONAL PREPARATION

High School Attended _____ Date Graduated _____

College Attended	Location	Date Graduated	Degree
Undergraduate:			
Graduate:			

College Major: _____ College Minor: _____

Practice Teaching: _____ Completed _____ Taking _____ None

If you have completed practice teaching within the last three years, or are now taking it, please fill in the following:

Cooperating Teacher: _____ School: _____

PREVIOUS EXPERIENCE

Total years experience in an accredited school under contract as a teacher: _____

Total years Military experience: _____

Name of Employer	Address	Position	Begin Date	End Date

What was the major reason for leaving your last employment? _____

EMPLOYMENT CHOICE (complete only the section(s) for the areas you are qualified to teach)

Type of Application: Full-Time Only _____ Substitute Only: _____ Either: _____

Elementary School

- _____ Kindergarten
- _____ Primary (Grades 1-3)
- _____ Intermediate (Grades 4-6)

List other subjects you are currently qualified to teach: _____

Middle School

Major Teaching Field: _____

List the subjects you are qualified to teach in your major: _____

Minor Teaching Field: _____

List the subjects you are qualified to teach in your minor: _____

Other Areas you are qualified to teach: _____

High School

Major Teaching Field: _____

List the subjects you are qualified to teach in your major: _____

Minor Teaching Field: _____

List the subjects you are qualified to teach in your minor: _____

Other areas you are qualified to teach: _____

Professional School/Service Employee

Administrator _____ Counselor _____ Librarian _____ Nurse _____

Other _____ (please specify) _____

MISCELLANEOUS

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

Have you ever entered a plea of guilty 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 answered yes to any of the above questions, please explain the type of violation(s) and the date and the place of occurrence: _____

PROFESSIONAL REFERENCES:

In naming references, give preference to supervisors, principals, educators, or others who are familiar with your professional work. Addresses for each reference must be completed.

Name & Present Address	Telephone	Position Held (when reference knew your work)

COMPLETED APPLICATION

This application will serve as your request to add your name to our list of applications. The acceptance of an application is not a promise of employment. All applicants must apply directly to the Lexington School District, and not to the individual schools.

I understand that my application will remain active from January 1 through December 31, of the year in which this application is made, and 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 of records concerning me to the personnel department of the Lexington Public Schools, and I hereby release said persons, firms and entities from any liability as a result of the furnishing of such records and information.

I understand that by making application to Lexington Public Schools, I give my consent for the District to conduct a felony check.

I certify that to the best of my knowledge, the facts set forth in this application are accurate and complete. I understand that if I am employed with Lexington Public Schools, and any information in this application is false or incomplete, my employment can be terminated.

Signature: _____

Date: _____

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 # _____