

Moseley Public School Certified Teacher Application

NOTICE TO APPLICANTS: This school district does not intentionally discriminate in its employment policies on the basis of race, national origin, religious beliefs, age, disabilities or gender.

NOTICE OF DISQUALIFICATION: Failure to answer questions truthfully or providing misleading or falsified information will disqualify the applicant for any position offered by the district, and, if discovered after employment, will result in dismissal from employment.

I state that I have read and understand this disqualification notice.

Applicant Signature

GENERAL INFORMATION

Name _____

Address _____

Phone _____

Are you a United States Citizen? Yes No

If not, what documentation do you have to show that you are legally eligible to work in the United States? _____

When are you available to start working? _____

Have you read the job description of the position for which you have applied?

Yes No

Are you now capable of performing the duties required of the applicant of that job?

Yes No

If not, how do you feel an accommodation can be reasonably made to allow you to perform essential job duties? _____

List Oklahoma certification presently held and certificate number or attach a copy of your teaching certificate _____

What certification is pending, dependent upon passing required testing? _____

When will you take the certification test? _____

Have you taken the test for such certification previously? If so, list the dates when you took the test. _____

Do you have certification issued by another state? Yes No

What out-of-state certification do you hold? _____

Are you presently employed? Yes No

If currently employed, are you employed by a school district? Yes No

If currently employed by a school district, have you already submitted a resignation to the district and been released from contractual obligations past the effective date of the resignation?

Yes No

If applying for an elementary position, list grade level preferences:

A. _____ B. _____ C. _____ D. _____

If applying for a middle school position, list preferred assignments:

A. _____ B. _____ C. _____

If applying for a junior or senior high school position, list preferred subject assignments:

A. _____ B. _____ C. _____

Have you previously applied for employment with this district? Yes No

If yes, when was that application submitted? _____

EDUCATIONAL BACKGROUND

High School from which graduated _____

Graduation Date _____

Undergraduate university or college _____

Graduation Date _____

Degree Received _____

Major _____

Minor _____

GPA _____

GPA in Major _____

GPA in Minor _____

Other undergraduate universities or colleges attended

Name of institution _____

Attendance dates _____

GPA _____

Postgraduate university attended _____

Date of attendance _____

Subjects and hours completed _____

GPA _____

Other postgraduate universities attended _____

Dates of attendance _____

Subjects and hours completed _____

GPA _____

PRACTICE TEACHING:

If practice teaching was performed during the last five years, provide the following:

Name of district _____

Date _____

Supervising Teacher _____

Grade level and subjects taught _____

◆Refer to the consent form at the end of this application that is needed to be signed if no college and university level transcript(s) is submitted with this application.

EMPLOYMENT HISTORY

◆ *The District will conduct background checks to verify information provided.*

CONSENT AND RELEASE OF ALL CLAIMS AGAINST PREVIOUS EMPLOYERS

Sign below if you agree that the District may contact your previous employers and ask them more detailed questions about your prior work experience, if you specifically consent to the release of information by these prior employers to the District, and agree to release such prior employers, their employees, and their governing boards, from any and all causes of action or other potential claims which you could have against them for answering questions about your work experience. This consent is a covenant not to sue any prior employer, their employees, or their board members for defamation, regardless of what said prior employers may relate to the District regarding your previous employment experience.

I have read this consent and release of all claims, and in consideration of being considered an applicant for employment agree to its terms.

Applicant Signature

Provide the following information about your last employers, with the current employer being listed first and then proceedings to your first district employer.

1. Current school district employment

District and job title _____

Date of employment _____

Supervising principal(s) _____

Supervising department head(s), if any _____

Superintendent(s) _____

Teaching assignments _____

Extra-day assignments _____

If employed under a name different from the name you are using for this application, under what name were you employed by the district? _____

Reason for desiring to leave employment _____

2. Previous school employment

District and job title _____

Date of employment _____

Supervising principal(s) _____

Supervising department head(s), if any _____

Superintendent(s) _____

Teaching assignments _____

Extra-day assignments _____

If employed under a name different from the name you are using for this application, under what name were you employed by the district? _____

Reason for desiring to leave employment _____

3. Previous school employment

District and job title _____

Date of employment _____

Supervising principal(s) _____

Supervising department head(s), if any _____

Superintendent(s) _____

Teaching assignments _____

Extra-day assignments _____

If employed under a name different from the name you are using for this application, under what name were you employed by the district? _____

Reason for desiring to leave employment _____

Driving Record

◆ *This portion is only to be completed if you are applying for a position that requires the teacher to transport students.*

Has your driver license been suspended within the last five years? Yes No

What was the reason for the suspension, and when was it reinstated? _____

Have you ever been convicted of driving under the influence of drugs or alcohol? Yes No

If yes, provide details _____

VERIFICATION

I verify the answers provided in this application are true and correct.

Applicant Signature

Date