



SOUTHWEST TECHNOLOGY CENTER  
 711 W. TAMARACK  
 ALTUS, OK 73521  
 TEL 580-477-2250  
 FAX 580-477-0138

## APPLICATION FOR EMPLOYMENT

### EQUAL EMPLOYMENT OPPORTUNITY POLICY

Southwest Technology Center District No. 27 is in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment of 1972, and other federal laws and regulations, and does not discriminate on the basis of race, color, handicap, or status as a veteran in any of its practices, policies or procedures. This includes, but is not limited to admissions, employment, financial aid, and educational services.

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

When are you available for Employment \_\_\_\_\_ Acceptable Minimum Salary \_\_\_\_\_

Referral Source: ( ) Advertisement ( ) Friend ( ) Relative ( ) Agency ( ) Other \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
           Last                            Middle                            First

Present Address \_\_\_\_\_  
   Number            Street                            City            State            Zip Code

Permanent Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Have you filed an application here before? ( ) No ( ) Yes Date: \_\_\_\_\_

Have you ever been employed here before? ( ) No ( ) Yes Date: \_\_\_\_\_

Are you available to work? ( ) Full-Time ( ) Part-Time Shift Work ( ) Yes ( ) No

Are there any periods during the year when you will not be available for work? \_\_\_ No \_\_\_ Yes When \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? ( ) Yes ( ) No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Complete Information requested for each level of Education	School Name and Location City & State	Date Attended From/To	Year Graduated	Type of Certificate Diploma, Degree & Major
High School				
College or University				
Secondary School, Apprenticeship or other Technical Training Programs				

Please continue on a separate sheet of paper if you need additional space.

## EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions and **include military experience**. Continue on a separate sheet of paper if you need additional space.

Date Employed		Name and address of Employer	Summary of work performed
From	Mo. ____ Year ____		
To	Mo. ____ Year ____		
Job Title _____			
Supervisor _____			
Reason for leaving _____			
Date Employed		Name and address of Employer	Summary of work performed
From	Mo. ____ Year ____		
To	Mo. ____ Year ____		
Job Title _____			
Supervisor _____			
Reason for leaving _____			

## EMPLOYMENT EXPERIENCE CONTINUED

Date Employed		Name and address of Employer	Summary of work performed
From	Mo. _____ Year _____		
To	Mo. _____ Year _____		
Job Title _____			
Supervisor _____			
Reason for leaving _____			
Date Employed		Name and address of Employer	Summary of work performed
From	Mo. _____ Year _____		
To	Mo. _____ Year _____		
Job Title _____			
Supervisor _____			
Reason for leaving _____			

### SUMMARY OF EMPLOYMENT EXPERIENCE

\_\_\_\_\_ Total years experience in education (teaching, Administrative or Supervisory)

\_\_\_\_\_ Total years experience in the position applied for

\_\_\_\_\_ Total years experience in business, industry, agriculture, or military service related to your area of specialization.

### TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? ( ) Yes ( ) No

If yes, list type, number and expiration date of certificate:

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you do not qualify for a Standard Teaching Certificate in Oklahoma are you willing to work toward completion of the minimum requirements for your area of specialization? ( ) Yes ( ) No

Are you licensed or certified by any trade or profession? ( ) Yes ( ) No If yes, indicate kind of license or certificate \_\_\_\_\_

Specific information regarding teaching certification may be obtained by writing to the Oklahoma Department of Career and Technology Education, 1500 West Seventh, Stillwater, OK 74074...405-377-2000.

Note: Attach a copy of your official Oklahoma Teaching Certificate or License.

**GENERAL INFORMATION**

List any professional activities or other information that is pertinent to this application and the position applied for. Please continue on a separate sheet of paper if you need additional space.

**REFERENCES**

Name	Address	City	State	Zip Code	Phone

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. The information is provided to acquaint the interviewer with my qualifications. I understand completion of this application does not constitute an offer of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required by all laws, policies, rules and regulations of the Board of Education of District 27, the Oklahoma Department of Career and Technology Education, and State of Oklahoma. I authorize you to refer to former employers or other to verify statements made.

\_\_\_\_\_  
Legal Signature of Applicant \_\_\_\_\_  
Date

**FOR USE BY ADMINISTRATIVE PERSONNEL**

Interviewed ( ) Yes ( ) No Date \_\_\_\_\_ Time \_\_\_\_\_

Employed ( ) Yes ( ) No Effective Date \_\_\_\_\_ Salary \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER**