

COPAN PUBLIC SCHOOLS

APPLICATION FOR SUPPORT STAFF

527 Hornet Lane
PO Box 429
Copan, OK 74022

Phone: (918) 532-4344

Fax: (918) 532-4649

www.copan.k12.ok.us

Position(s) Desired: _____ Date: _____

1. Name _____ SSN: _____
Last First Middle

Other name(s) under which your records might appear: _____

2. Present Address: _____
Street City Zip

Phone #: () _____ Alt. Ph.# () _____

3. Education

| Name of School | City/State | Years Attended | Did you Graduate Or Receive a GED | Degree Or Diploma |
|---------------------------|------------|----------------|-----------------------------------|-------------------|
| High School | | | | |
| College | | | | |
| Technical/Business School | | | | |

4. Have you ever:

A. Been employed by this school district? Yes ___ No ___

B. Resigned a position as part of an agreement to avoid dismissal? Yes ___ No ___

C. Been released from employment because of misconduct or unsatisfactory service? Yes ___ No ___

D. Been convicted of a state or federal felony offense? Yes ___ No ___

5. Do you have a relative who is either a member of the Copan Board of Education or who is employed in any capacity with Copan Public Schools? Yes ___ No ___ If yes, please give the following information:

Name of Relative _____ Relationship _____ Position _____

6. Are you legally eligible to work in the United States? Yes ___ No ___

READ CAREFULLY BEFORE SIGNING

7. By affixing my signature I affirm that all information set forth in this application is accurate, truthful and complete. I understand that, if employed, false or misleading statements given in this application or interviews may result in discharge. I hereby grant permission to the Copan Public Schools to investigate any information included in this application. I understand that this application is not a contract of employment. I hereby release the district and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand that I am required to abide by all rules and regulations and policies of the Copan Public Schools, and I am required to perform all the essential functions of this position.

Signature of Applicant

Date

Copan Public Schools does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap or veteran. This institution is an equal opportunity employer.

Your application will be retained in our active file (1) one year from the date completed unless a written request is filed for retention beyond that date. We will need to be notified of any changes on the application throughout the year.

EMPLOYMENT EXPERIENCE

Starting with most recent employment, include dates of all positions; use additional sheet if necessary.

NOTE: We will contact current and previous supervisors to verify descriptions of your past duties and job performance.

| | | | | | | |
|-----------------------------------|--|--------------------|------|-------|-----------------|--|
| 1 Present or Last Employer | | Name of Supervisor | | | Area Code/Phone | |
| Name of Company | | Street Address | City | State | Zip | Employment dates From: To: |
| Title | | Reason for Leaving | | | | |
| Description of Duties | | | | | Salary | |

| | | | | | | |
|-----------------------------------|--|--------------------|------|-------|-----------------|--|
| 2 Present or Last Employer | | Name of Supervisor | | | Area Code/Phone | |
| Name of Company | | Street Address | City | State | Zip | Employment dates From: To: |
| Title | | Reason for Leaving | | | | |
| Description of Duties | | | | | Salary | |

| | | | | | | |
|-----------------------------------|--|--------------------|------|-------|-----------------|--|
| 3 Present or Last Employer | | Name of Supervisor | | | Area Code/Phone | |
| Name of Company | | Street Address | City | State | Zip | Employment dates From: To: |
| Title | | Reason for Leaving | | | | |
| Description of Duties | | | | | Salary | |

| | | | | | | |
|-----------------------------------|--|--------------------|------|-------|-----------------|--|
| 4 Present or Last Employer | | Name of Supervisor | | | Area Code/Phone | |
| Name of Company | | Street Address | City | State | Zip | Employment dates From: To: |
| Title | | Reason for Leaving | | | | |
| Description of Duties | | | | | Salary | |

PROFESSIONAL REFERENCES (LIST THE NAMES OF THREE REFERENCES WHO HAVE DIRECT KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR SKILLS AND WHO ARE NOT RELATED TO YOU)

| Name | Address (City, State and Zip) | Area Code & Phone No. | Occupation | Years Known |
|------|----------------------------------|--------------------------|------------|----------------|
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