



APPLICATION FOR NON-CERTIFIED and/or SUBSTITUE POSITION



COMMERCE PUBLIC SCHOOLS

217 Commerce Street
Commerce, Ok 74339-2200

Telephone: (918) 675-4316
Fax: (918) 675-4464

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's Signature Date

A. General Information:

1. Name: _____
Last First Middle Maiden

2. Address where can be reached: Street Address: _____
City: _____ State: _____ Zip Code: _____

Mailing Address, if different from above: _____

3. Phone where can be reached: _____

4. Are you a United States citizen? Yes ___ No ___

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

6. When are you available to start working? _____

7. Have you read the job description of the position for which you have applied? Yes ___ No ___

8. Are you now capable of performing the duties required of the applicant or that job? Yes ___ No ___

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

10. Have you ever worked with children? Yes ___ No ___

If so, where? _____

11. Check the position(s) for which you are applying:

- Financial Secretary
- Superintendent's Secretary
- Building Secretary
- Teacher's Assistant
- Library Assistant
- Special Education Paraprofessional
- Maintenance Supervisor
- Maintenance Worker
- Head Custodian
- Custodian
- Mower (Grounds Keeper)
- Bus Driver
- Food Service Director
- Kitchen Manager
- Cook
- Substitute Teacher
- Substitute Cook
- Substitute Custodian
- Substitute Bus Driver
- Other (Please list) _____

Indicate below your office skills and check machines you can operate efficiently. Elec. Typewriter _____ Words per min. _ _____ Computer _____ Word Processing _____
Multi-lingual? Yes _____ No _____ If yes, what languages? _____
Special Education Paraprofessional Registry? Yes _____ No _____
Have you ever driven a bus? Yes ___ No ___ Number of years of experience? _____ CDL License? Yes _____ No _____ State of Oklahoma School Bus Driver's Certificate? Yes _____ No _____
I UNDERSTAND I MUST OBTAIN A FOOD HANDLER'S PERMIT FROM THE DEPARTMENT OF HEALTH AND WILL BE RESPONSIBLE FOR RENEWING SAME AT THE EXPENSE OF THE EMPLOYER. (This applies to Food Service Personnel only.) _____

12. Do you desire to work Full-time _____ Part-time _____

13. List Grade Level Preferences:
 Elementary Middle School High School

14. Days Available?
 Monday Tuesday Wednesday Thursday Friday

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

16. If yes, when was that application submitted? _____

B. Educational Background:

Do you have a High School Diploma or a GED? Yes ___ No ___

High School from which graduated: _____

Graduation Date: _____

College: _____

Graduation Date: _____

Degree Received: _____

Are you now or have you ever been certified to teach? Yes ___ No ___

In order for a certified or formerly certified substitute teacher to be paid at the certified substitute teacher rate, a copy of the teaching certificate must be on file at the school district's central office.

Trade or Business School:

Name of institution: _____

Attendance dates: _____

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

C. 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 detailed questions about your prior work experience. By signing, 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's Signature

Date

Provide the following information about your employers, with the current employer being listed first and then proceeding to your first employer. (Attach additional pages, if necessary.)

1. Current Employment:

A. Employer's Name: _____

Employer's Address _____

Employer's City _____

B. Job Title/Position: _____

C. Dates of Employment: From: _____ To: _____

- D. Salary:_____
- E. Supervisor(s):_____ Phone:_____
- F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

- G. Reason for desiring to leave employment:_____

- 2. A. Employer's Name:_____
- Employer's Address_____
- Employer's City_____
- B. Job Title/Position:_____
- C. Dates of Employment: From:_____ To:_____
- D. Salary:_____
- E. Supervisor(s):_____ Phone:_____
- F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

- G. Reason for leaving employment:_____

- 3. A. Employer's Name:_____
- Employer's Address_____
- Employer's City_____
- B. Job Title/Position:_____
- C. Dates of Employment: From:_____ To:_____
- D. Salary:_____
- E. Supervisor(s):_____ Phone:_____
- F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

- G. Reason for leaving employment:_____

- 4. A. Employer's Name:_____
- Employer's Address_____
- Employer's City_____
- B. Job Title/Position:_____

C. Dates of Employment: From:_____ To:_____

D. Salary:_____

E. Supervisor(s):_____ Phone:_____

F. If employed under a name different from the name you are using for this application, under what name were you employed by this employer?

G. Reason for leaving employment:_____

D. Criminal Activities:

The district has a duty to teach students proper citizenship and respect for the law, and employees have an obligation to serve as role models for students. Because the district teaches students about the dangers of chemical abuse and because the district is entrusted with the supervision of minors, the district cannot have employees performing duties while under the influence of dangerous substances or substances which adversely affect reaction time and good judgment.

Information concerning past illegal acts will be considered along with the time of the offense, the seriousness and nature of the violation, any rehabilitations and your subsequent employment history.

Please see the attached school policies, DABB Records Investigation, DABB-P Felony Records Search Procedures, DABB-E1 Records Investigation Consent, DABB-E2 Oklahoma State Department of Education Application for Criminal History Record Search, DABB-E3 Temporary Contract Notice of Limited Employment, and DABB-E4 Authorization and Release.

1. Have you ever been convicted of a felony? Yes___ No___

2. If so, provide details:_____

3. Have you ever been convicted of a criminal offense involving illegal drugs? Yes___ No___

4. If so, provide details:_____

5. Have you ever been convicted of a criminal offense involving illegal use of alcohol? Yes___ No___

6. If so, provide details:_____

7. Have you ever been convicted of any criminal offense involving minors? Yes___ No___

8. If yes, provide details:_____

E. Driving Record:

This portion is only to be completed if you are applying for a position that requires the employee to transport students:

1. Has your driver license been suspended within the last 5 years? Yes___ No___

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

- 3. Have you ever been convicted of driving under the influence of drugs or alcohol? Yes____ No____
- 4. If yes, provide details: _____

F. Verification:

I verify the answers provided above are true and correct. I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at anytime during my employment.

I agree, if employed to follow all rules and regulations of the district.

I agree to promptly notify the district of any change of address or phone number during my employment.

Applicant's Signature: _____ Date: _____

CONSENT FOR RELEASE OF TRANSCRIPTS

I, _____, consent to the release of my transcripts by the following educational institutions to the Commerce School District, if a copy of the transcript is so requested by the district.

Applicant's Signature: _____ Date: _____

Educational Institutions, Years of Attendance or Graduation, SSN or Student ID Number, and name on transcript, if different from name above:

- 1. _____

- 2. _____

- 3. _____

Note: If applicable, this application will serve as your request to add your name to our lists of substitutes. Unless you notify us in writing that you are not returning or wish to be removed from our lists of substitutes, you will remain on the active substitute lists in subsequent years to be on-call as-needed.

Applications for non-substitute positions must be updated annually. If not, the application will be removed from our files.