## SAYRE PUBLIC SCHOOLS SUPPORT EMPLOYMENT APPLICATION

Sayre Public Schools is an equal opportunity employer. All employees and job applicants are guaranteed equality of employment opportunity. This means the District will not discriminate against any employee or applicant on the basis of race, color, religion, sex, age, national origin, veteran status or disability. The district will make reasonable accommodations for job applicants and employees with disabilities in accordance with the requirements of the Americans with Disabilities Act of 1990. Position Applying For: Date: **Personal Information:** Name \_\_\_\_\_ (Last) (First) (Middle) Permanent Address (Street) (City) (State) (Zip) Home Phone:\_\_\_\_ Secondary Phone: SSN:\_\_\_\_\_ Email Address:\_\_\_\_ Are you of Hispanic/Latino culture or origin? \_\_\_\_\_Yes No What is your race? (Choose one or more) a. American Indian or Alaskan Native b. Asian c. Black/African American d. Native Hawaiian or Other Pacific Islander White Position for which applying: Full-time--12 Mo. \_\_\_\_\_ 10 mo. \_\_\_\_ Part-time \_\_\_\_\_ Teacher Assistant \_\_\_\_\_ Receptionist

EDUCATION	Name and Location of School	Grade or Level Completed
High School		
College		
Other		

Bus Driver

Cafeteria

Custodian Substitute Teacher
Maintenance Secretary

# Work Experience Including Military Service (Begin with latest employment first.) Attach additional page if needed.

Employer:		Position:	
Job Responsibilities:			
Phone:	Address:		
City:	State:	Zip Code:	
From Date:	To Date:	Salary:	
Reason for Leaving:			
Employer:		Position:	
Job Responsibilities:			
Phone:	Address:		
City:	State:	Zip Code:	
From Date:	To Date:	Salary:	
Reason for Leaving:			
Employer:		Position:	
Job Responsibilities:			
Phone:	Address:		
City:	State:	Zip Code:	
From Date:	To Date:	Salary:	
Reason for Leaving:			

### **ACTIVE MILITARY EXPERIENCE** Branch of Service: From:\_\_\_\_\_\_To: **REFERENCES:** List three persons not related to you, whom you have known at least one year. YEARS ACQUAINTED ADDRESS TITLE NAME 2. 3. **AUTHORIZATION AND RELEASE** This authorization and release is executed under penalty of perjury on the \_\_\_\_ day of with the Sayre School District No. 31, Beckham County, Oklahoma (School District). Applicant understands that the School District's receipt of a clear state or national felony record search of his/her name and fingerprints is a condition of employment with the School District. Because Applicant desires employment with the School District, Applicant authorizes the School District to request and obtain the results of an Oklahoma or national felony record search of Applicant's name and fingerprints. Applicant hereby releases Applicant's felony record search results to the School District. Applicant also releases the School District of any and all liability relating to its request for, receipt, and use of the search results. Applicant acknowledges that Applicant has been furnished and understands all of the requirements of the School District's felony record search policy and agrees to be bound by all of its terms and conditions. Applicant also agrees to truthfully answer the following questions: Have you ever: Yes No 1. Entered a plea of guilty or nolo contendere to a state or federal felony charge? 2. Been convicted of a state or federal felony offense? 3. Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? Entered a plea of guilty or nolo contendere to, or been convicted of, a state or federal 4.

misdemeanor charge involving illegal chemical substances or illegal sexual activity?

Applicant understands that if Applicant is hired by the School District prior to receipt of the results of the felony record search, Applicant will be classified as a temporary employee until notified otherwise by the superintendent of schools. Furthermore, Applicant understands that if the felony record search reveals a prior felony offense conviction or if Applicant provides a false response to one or more of the above questions, then Applicant will be denied employment. If Applicant is employed prior to receipt of the search results that reveal a prior felony, then Applicant is deemed to have resigned Applicant's temporary employment with the School District, effective upon acceptance by the board of education. The board of education may accept Applicant's resignation at any time within 30 days after the date the School District was notified of either the unsatisfactory search results or the false response, whichever is later. Applicant waives Applicant's right to any and all due process procedures to which Applicant might otherwise be entitled under federal and state law and the School District's policies and procedures.

Applicant's Signature

#### **AUTHORIZATION AND RELEASE (Cont.)**

#### **VERIFICATION**

STATE OF OKLAHOMA )		
COUNTY OF BECKHAM )		
, Applicant, of la and states that Applicant is familiar with the stateme Authorization and Release; and Applicant states that	ents set forth above; that App	
	Applicant	
SUBSCRIBED AND SWORN to before me this	day of	
My Commission Expires:	Notary Public	#
(Seal)		

#### CONSENT

The name and fingerprints of an applicant for employment with this school district will be submitted to the Oklahoma State Bureau of Investigation for a national felony records search. Such a search will require that you be fingerprinted by the OSBI, or designee, and that you pay the cost of the search up to \$50.00. If you are subsequently employed or are employed for a temporary period pending the receipt of the search results, then the district may\_reimburse you for the cost of the search. The school district may conduct a national felony records search of any current school employee if the board of education recommends the search.

I state that I have read the a OSBI felony records search	-	and do consent to being fingerprinted. I will pay the fee for an
Signed this day of _		·
		Applicant
investigation of all statements co	ntained herein. I hereb	complete, and not misleading to the best of my knowledge and I authorize by release from all liability any persons or organizations furnishing such equalification or dismissal if any statement in this application if found to be
Date:	_	Signature:
		active file (1) year from the date completed unless a written request is filed d of any changes on the application throughout the year.
Send to:	Sayre Public School 716 NE Hwy 66 Sayre, OK 73662 (580) 928-5531	