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

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 Bethel 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 Bethel Public Schools, and I am required to perform all the essential functions of this position.

_____ _____

Signature of Applicant *Date*

Bethel 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.

BETHEL PUBLIC SCHOOLS

APPLICATION FOR SUPPORT STAFF

36000 Clear Pond Rd.
Shawnee, OK 74801

Phone: (405)273-0385
Fax: (405)273-5056

www.bethel.k12.ok.us

Position(s) Desired: _____ Date: _____

1. Name_____ SSN: _____
Last First Middle **(optional)**

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 Bethel Board of Education or who is employed in any capacity with Bethel 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 _____