## **Application for Teaching Position**

Bowlegs School District PO Box 88 Bowlegs, OK 74830 (405) 398-4322



Date Receive	ed:					
<b>Type of Position Desired</b>						
Elementary: _						
Secondary:						
Other:						

(405)	398-4322	Other:						
Name	:	Soc. Sec. No						
Address:		Telephone No.						
Perma	nnent Address:	Telephone No						
	dential File:							
	Placement Office	Address						
Oklah	oma Credential Held:							
	f State Teaching Credentials Held:							
	1. Language ability other than English:							
2.	Is there any reason you could not effectively perform the functions required of the							
	job for which you are applying?							
	If yes, please explain:							
3.	. Are you, or have you been, a member of Okla. Teachers' Retirement System?							
	4. Have you ever been convicted of a felony involving moral turpitude?							
	If yes, state in full detail							
	Offense:							
	Court:							
	(Failure to answer correctly will be cause to be barred from employment or							
	dismissed at a later date. Please note that a conviction in itself does not void your							
	chance of employment as selections are based on job qualifications.)							
5.	Extracurricular activities you are qua	lified to coach or sponsor (Use						
	check boxes): Band Cheerleading Drama Newspaper Vocal Music							
	Yearbook Baseball Basketball F	ootball						
6	When will you be available for employme	nt?						

Applications are kept on file in the Superintendent's Office for one year. If you are interested in employment at a later date, you must either update your application by certified letter or submit another application.

Bowlegs Schools Do Not Discriminate On the Basis of Race, Creed, Sex, Age, Marital Status, Political Affiliation, National Origin, The Presence of a Non-Job Related Medical Condition or Handicap, Or Any Other Legally Protected Status.

PROFESSIONAL TRA			uired p	rior	to final sal	ary determinat					
School		Attended					No. S				
Name and Address	From	То	Major			Minor	Un	its			
Student Teaching: Date: Grade Level:											
2											
N1	. T.T ! 4 - 4 - 1	. 1 1 D	11 -	•	D						
Number of Semester	Units taker	i beyond b	acheic	or s	Degree: _						
PROFESSIONAL EXP		List mo									
School		Address		Inclusive Dates		Grades or	Full	Full Time			
District	(City &	(City & State)		From To		Subject	Subject Yes N				
EXPERIENCE OTHER	THAN TEAC	THING									
Name	1111111111111	Address			Descri	ntion	Emplo	Employment			
of Employer	(C	City & State)			Of Du	•	From To				
or Employer		ny & State)			OID	ities	110111	10			
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REFERENCES: If	•										
persons, including s	upervisors,	principals,	etc.,	who	have re	cent knowle	edge of	f your			
character, scholarshi	p, and profe	essional cor	npeter	nce.							
•			-								
Name	Posi	Position		A	ddress	Telephone					
							relephone				
	_										
COMMENTS											
COMMENTS											
Please send a brief	statement o	of vour phi	losonl	hv (	of educati	ion and ami	olify ar	v of			
your qualifications,											
	-					-	-				
information, which y	ou have no	t been able	to inc	lude	elsewhei	re on the app	olicatio	n.			
I hereby certify the	at the fore	going info	rmatio	n i	s accurate	e in all res	spects,	and I			
authorize investigation							-				
persons and organiza								•			
-	-	-		_		ино арриса	uon. 1	r vv 111			
be willing to take a lo	yaity oath a	at the time of	or emp	oloy	ment.						
Date			Sign	atııı	re of Ann	licant					
Duce		Signature of Applicant									