



| APPLICANT INFORMATION | | | | | |
|---|--|------------------------------|------------------------------|------------------------------|---------------------------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Social Security No. | | Over the age of 18 | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | Full-time or Part-time Work | |
| MILITARY STATUS | Have you served in the U. S. Armed Forces? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Active Duty FROM _____ TO _____ |
| Do you have relatives working for this school? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, whom? | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain. | |
| I understand that a felony record search may be requested from the Oklahoma State Bureau of Investigation based on my name and fingerprint. YES <input type="checkbox"/> | | | | | |

| POSITION FOR WHICH APPLYING (Please list subjects, grades in order of preference) | |
|--|--|
| <input type="checkbox"/> Elementary School (Grades K-6) Please list at three grade choices: | |
| <input type="checkbox"/> Junior High School (Grades 7-9) Please list only subject for which you are certified: | |
| <input type="checkbox"/> High School (Grades 10-12) Please list only subject for which you are certified: | |
| <input type="checkbox"/> Other: Administrative, Supervisory, Psychometrist, Counselor, etc. Please list other position for which you are applying: | |
| Complete the following questions: | |
| Do you possess a valid Oklahoma teaching certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> Or license YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Please indicate the type of certificates you hold: Life <input type="checkbox"/> Standard <input type="checkbox"/> Provisional <input type="checkbox"/> License <input type="checkbox"/> | |
| Teacher No. _____ Expiration Date _____ | |
| Please indicate the fields for which your certification is valid : | |
| Are you currently certified in another state(s)? YES <input type="checkbox"/> NO <input type="checkbox"/> Where? _____ | |
| Type? _____ Field? _____ | |
| Are you currently under contract? YES <input type="checkbox"/> NO <input type="checkbox"/> Where? _____ | |
| Why do you wish to leave your present position? | |
| | |

| ACADEMIC PREPARATION | | | |
|------------------------------|----|--|-----------------|
| High School: | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Grade completed |
| College (undergraduate): | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Major Area: (undergraduate): | | Minor Area (18 or more hours) (undergraduate): | |
| College (graduate study): | | Address | |

| | | | |
|------------------------|----|--|--------|
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Major Area (graduate): | | Minor Area (graduate) | |
| Other: | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

TEACHING EXPERIENCE (Place student teaching on first line)

| School and System | City and State | Grades or Subject(s) | No. of hours per day | From: Month/Year | To: Month/Year |
|-------------------|----------------|----------------------|----------------------|------------------|----------------|
| | | | | | |
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RELATED WORK EXPERIENCE (List only positions directly related to teaching, teaching area, or youth work).

| Employer | City and State | Position | From: Month/Year | To: Month/Year |
|----------|----------------|----------|------------------|----------------|
| | | | | |
| | | | | |
| | | | | |

PROFESSIONAL REFERENCES

List only those persons who are qualified to evaluate your qualifications for positions sought, include principals, superintendents of systems where experience was gained. References must have complete names, addresses and zip codes).

| Name | Title | School, School System or College | Address – Street, City, State, Zip |
|---|-------|----------------------------------|------------------------------------|
| Mentor Teacher (Complete if licensed teacher) | | | |
| College Supervisor (Complete if licensed teacher) | | | |
| Other | | | |
| Other | | | |
| Other | | | |

Please respond to the statements below as briefly, but as thoroughly, as possible. Your personal views are very important. (Relate each statement to the particular position for which you are applying.)

1. Describe what you feel are the most effective techniques or styles of teaching. (Relate to your field.)

2. Describe what you feel are the most effective techniques of student and classroom management.

3. State your position concerning the involvement of teachers in supervision and responsibility outside of the classroom.

4. In order of priority, list the five (5) most important characteristics of an outstanding teacher. (Relate to your field.)

5. Write additional information which you believe will be helpful in arriving at a true estimate of your qualifications.

OTHER INFORMATION

Please list any activities or clubs which you would be interested in sponsoring:

DISCLAIMER AND SIGNATURE

I hereby affirm that all information given in this application is true and complete to the best of my knowledge.

Signature

Date

***If available, please attach a copy of all transcripts, an updated resume and teacher certificate/license.**

Ada City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Superintendent, 324 West 20th, Ada, Oklahoma 74820, (580) 310-7200.

SEND TO:

**PERSONNEL SERVICES
ADA CITY SCHOOLS
P. O. BOX 1359
ADA, OK 74820**

| First interview by: | Date | Comments |
|-----------------------------|-------------|-----------------|
| | | |
| Second interview by: | Date | Comments |
| | | |