



# Sapulpa Public Schools

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## APPLICATION FOR CERTIFIED POSITION

Current Date: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

### PERSONAL DATA:

\_\_\_\_\_  
*Last Name First Middle Social Security #*

### PRESENT ADDRESS:

\_\_\_\_\_  
*Street City State Zip Telephone (Temporary Until?)*

### PERMANENT ADDRESS: *(If same, leave blank)*

\_\_\_\_\_  
*Street City State Zip Telephone*

### POSITION FOR WHICH YOU ARE APPLYING:

*(Please list subjects / grades in order of preference.)*

- Elementary School (PK-5) \_\_\_\_\_  
*Grade Desired (List at least 3 choices)*
- Middle School (Grades 6-8) \_\_\_\_\_  
*List only subjects for which certified and number of hours in each subject*
- High School (Grades 9-12) \_\_\_\_\_  
*List only subjects for which certified and number of hours in each subject*
- Administrative, Supervisory, Psychometrist, Counselor, Other: \_\_\_\_\_

### ACADEMIC PREPARATION

#### • High School:

| Name/Location of School | Entry Date | Withdrawal or Graduation Date |
|-------------------------|------------|-------------------------------|
|                         |            |                               |
|                         |            |                               |

#### • College or University

Undergraduate Grade Point Average: \_\_\_\_\_

| Name/Location of School | Entry Date | Withdrawal Date | Major | Minor | Graduation Date |
|-------------------------|------------|-----------------|-------|-------|-----------------|
|                         |            |                 |       |       |                 |
|                         |            |                 |       |       |                 |

### Please circle the highest degree obtained:

Bachelor's Degree B+15 B+30 Master's Degree M+15 M+30 M+60 Doctor's Degree

**HONORS AND ACHIEVEMENTS:** *List any honors or awards received in college, community, or professional endeavors which would assist us in evaluating your application.*

*Notice to Applicant: Independent School District I-33 of Creek County, Oklahoma does not discriminate in employment policies regarding selection, transfer, promotion, termination, compensation, or other benefits on the basis of race, creed, national origin, color, religion, age, qualified individual with a disability, or sex; nor does the district discriminate in educational programs or activities. "An Equal Opportunity Employer"*

**CERTIFICATION:** *List the Oklahoma certificates you now hold:*

| OK Certification/License # | Date Issued | Expiration Date | Teaching Fields |
|----------------------------|-------------|-----------------|-----------------|
|                            |             |                 |                 |

| Out of State Certificate # | Date Issued | Expiration Date | Teaching Fields |
|----------------------------|-------------|-----------------|-----------------|
|                            |             |                 |                 |

**EXPERIENCE IN SCHOOL WORK:** *Experience in school work, as requested hereunder, should include only teaching or administrative experience in a duly accredited private or public school, college or university, on a regular basis as accepted by the OK State Department of Education. Do NOT include part-time, substitute or student teaching experiences.*

| School | City | State | Dates | # of Years | Subject / Grade Taught or Other Assignment |
|--------|------|-------|-------|------------|--|
|        |      |       |       |            |  |
|        |      |       |       |            |  |
|        |      |       |       |            |  |

**PERSONAL INFORMATION:** *If you have a relative who works for the Sapulpa Public Schools or who serves as a member of the Board of Education, please give the name and position:*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**MILITARY EXPERIENCE:** *List below any years of active military service:*

Dates of Service: \_\_\_\_\_ Total Years of Service: \_\_\_\_\_

**EMPLOYMENT**

1. **Have you ever been involuntarily terminated from the employment of another school district?**

YES NO

**If yes, please give name of district, the date and the reasons for the termination:**

2. **Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application?** YES NO

3. **Would you be able to perform the duties required with an accommodation:** YES NO  
**If yes, as to either of the above questions, please explain:**

4. **Are you a citizen of the United States:** YES NO

**FELONY QUESTIONNAIRE**

Have you ever:

- a) Entered a plea of guilty or nolo contendere to a state or federal felony charge? YES NO
- b) Been convicted of a state or federal felony offense? YES NO
- c) 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 contender? YES NO
- d) Entered a plea of guilty of nolo contender to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?  
YES NO

If yes to any of the above, please complete the following:

| Type of Violation | Date | City/State |
|-------------------|------|------------|
|                   |      |            |
|                   |      |            |

**REFERENCES:**

University addresses and phone number where placement file is located: (if applicable)

| University | Address | City | State | Zip | Area Code/Telephone |
|------------|---------|------|-------|-----|---------------------|
|            |         |      |       |     | ( )                 |
|            |         |      |       |     | ( )                 |

References submitted should consist preferably of school people. Experienced teachers should submit names of former **principals** or **supervisors** and inexperienced teachers should submit names of supervising teachers in their student teaching experience.

| Name | Address | City | State | Zip | Telephone | Position |
|------|---------|------|-------|-----|-----------|----------|
|      |         |      |       |     | ( )       |          |
|      |         |      |       |     | ( )       |          |
|      |         |      |       |     | ( )       |          |
|      |         |      |       |     | ( )       |          |

**SCHOOL SERVICE:** In your own handwriting, please express your views as to why and how you could be a successful member of the Sapulpa public Schools staff. Your remarks should be limited to this page.

**Applicant Certification (Signature Required)**

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of the application or termination of employment. Furthermore, it is understood that this application and records become the property of the District which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the district.

I understand that the application will remain active for one year after its completion and that I must notify the District if I wish to be considered beyond that period. All persons, firms and entities listed in this application are hereby authorized to release any information or records concerning me to the District and are released by me from any liability as a result of furnishing records and information.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

*To be completed by Personnel Staff*

| Application Acknowledged | Reference Request | Interview Scheduled | Interviewed Completed |
|--------------------------|-------------------|---------------------|-----------------------|
|                          |                   |                     |                       |