



Sapulpa Public Schools

511 East Lee Sapulpa, OK 74066
(918) 224-3400

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Application for Support Position

PERSONAL INFORMATION

Social Security Number

Current Date

Last Name
Name

First Name

Middle

Present Address

Street

City

State

Zip

Telephone

Emergency Address

Street

City

State

Zip

Telephone

EDUCATION

Name and address of last school attended _____

Circle highest grade completed:

Grade: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Date graduated: _____

Other: _____

Date received G.E.D. Certificate _____

EMPLOYMENT RECORD (List most recent employment first)

Employer	Phone	Address City & State	Position	Date	
				From	To

1. Why do you desire to leave your present position; or, if unemployed, why did you leave your last position?

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

5. If you have relatives who work for Sapulpa Public Schools, or who serves as a member of the Board of Education, please identify and list:

Name: _____ Position: _____

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

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 contendere**? Yes No

(d) Entered a plea of guilty or **nolo contendere** 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

**ON THE FOLLOWING PAGES, PLEASE COMPLETE ONLY THE SECTION(S) APPROPRIATE FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING.*

*** CUSTODIAL AND WAREHOUSE**

1. Have you had previous custodial or warehouse experience: Yes No

If yes, please describe:

2. Experience?: (Answer yes or no)

Floor Waxing:_____ Buffing:_____ Window Cleaning: _____

Carpet Cleaning:____ Delivery:_____ Fork Lift Operation: ____ Truck Driving: _____

3. Do you own or will you purchase your own small hand tools? Yes No

4. Do you hold a current Oklahoma Driver's License? Yes No

5. Chauffeur's License? Yes No

6. Hours available:

Day shift: Yes No Evening shift: Yes No Part-time: Yes No

*** MAINTENANCE**

1. Experience: (Answer yes or no)

Carpentry: ____ Masonry: _____ Plumbing: _____ Electrical:_____ Painting:_____

Heating/Air Conditioning:_____ Locksmith:_____ Welding:_____ Other (specify):

2. Please describe any special training or experience you have received in any of the above:

3. Do you hold a License or Rating Card in any of the above skills? Describe:

4. Do you own or will you purchase your own small hand tools? Yes No

5. Do you hold a current Oklahoma Driver's License? Yes No

6. Chauffeur's License? Yes No

7. Hours available: Hours available:

Day shift: Yes No Evening shift: Yes No Part-time: Yes No

***GROUNDS KEEPER**

1. Experience: (Answer yes or no)
Lawn Maintenance:_____ Tree/Shrub Trimming:_____ Landscaping:_____
2. Can you operate any of the following? (Please check)
Tractor: _____ Box Blade:_____ Mowers:_____ Power Edger:_____ Chain Saws:_____
Weed Eater:_____ Other (specify):_____
3. Please describe any special training or experience you have received in any of the above:

***TRANSPORTATION (BUS MECHANIC)**

1. What special training or experience have you received that would qualify you for the position?
2. Do you own your own tools? Yes No
3. Do you hold a current Oklahoma Driver's License? Yes No
4. Chauffeur's License? Yes No
5. Would you be willing to substitute as a driver? Yes No

*** TEACHER'S AIDE/BUS AIDE**

1. Typing (wpm) _____
2. Have you had experience in a school setting? Yes No
3. Have you had experience or training in working with handicapped children? Yes No
4. Describe your experience working with children:
5. Would you be willing to observe in a handicapped class before employment? Yes No
6. What level do you prefer? (Circle all that apply)
Preschool Elementary Middle School High School Bus

***SECRETARY**

(Secretarial applicants may be required to take a typing test and a punctuation/spelling test.)

1. Experience: (Answer yes or no)

Typing:_____ (WPM):_____ Shorthand:_____ (WPM):_____

Filing:_____ Ten Key Adding Machine: _____

2. Computer Experience:

Word Processing:	Yes	No	Program Used:
Spreadsheet:	Yes	No	Program Used:
Data Base:	Yes	No	Program Used:
Other:	Yes	No	Program Used:

3. List special training, experience or strengths you have that you feel qualify you for a secretarial position.

***FOOD SERVICE**

1. Experience: (Answer yes or no)

Baking:_____ Salad/Vegetable Prep:_____ Main Dish Prep:_____ Cashier:__

Dish Washing:_____ Managerial Experience:_____

2. Do you have a Creek County Food Handlers Card? Yes No

3. Describe any special training or experience you have received in any of the above:

4. Hours available:

Day Shift: Yes No Evening/Banquet: Yes No Substitute: Yes No

APPLICANT

CERTIFICATION

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

Interviewer's Comments