



Gore Public Schools  
 1200 North Highway 10  
 Gore, Ok. 74435  
 918-489-5587  
 Fax: 918-489-5664  
 www.gore.k12.ok.us

DATE RECEIVED IN PERSONNEL OFFICE

RENEWAL/ACTIVITY DATES

## APPLICATION FOR EMPLOYMENT---CERTIFIED STAFF

Do not omit any applicable item. Failure to complete the entire form including the writing sample may result in the rejection of your candidacy.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Other \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Additional Phone Number(s) where you can be reached during the day: \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

### GENERAL INFORMATION

To ensure consideration for an employment interview, applicant MAY BE ASKED to provide the following documents to complete the application file.

- |   |   |
|---|---|
| 1. Resume   | 5. A copy of a daily lesson plan                                    |
| 2. Professional Reference List  | 6. A copy of a test that you have constructed                       |
| 3. Oklahoma Teaching Certificate(or assurance of ability to be certified) | 7. A copy of your classroom management plan and /or classroom rules |
| 4. Transcripts  |   |

Position for which you applying:

\_\_\_\_ Teacher \_\_\_\_ Administrator \_\_\_\_ Specific \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Are you currently under contract? \_\_\_\_ No \_\_\_\_ Yes If yes, explain \_\_\_\_\_

Have you filed an application with GORE Schools within the last year? \_\_\_\_ No \_\_\_\_ Yes If yes, position applied for: \_\_\_\_\_

### LICENSURE

State Issuing License	Expiration Date	Areas of Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you do not currently hold an Oklahoma teaching license, describe your status: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL TRAINING

Institution-Undergraduate	City & State	Degrees Awarded	Major	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Institution-Graduate	City & State	Degrees Awarded	Major	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special training seminars, etc. \_\_\_\_\_

### Student Teaching:

School	City & State	Cooperating Teacher(s)	Grade/Subject
_____	_____	_____	_____
_____	_____	_____	_____

## BACKGROUND INFORMATION

PLEASE PROVIDE AN ANSWER TO EACH QUESTION.

\* 1. Are you related to any member of the Gore Public Schools or Gore Public Schools Board of Education?

If yes, list the names and positions of all relatives: \_\_\_\_\_

\* 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

DETAILS: \_\_\_\_\_

\* 3. Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")

DETAILS: \_\_\_\_\_

\* 4. Been convicted of a state (any state) or federal felony offense?

DETAILS: \_\_\_\_\_

\* 5. Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")

DETAILS: \_\_\_\_\_

\* 6. Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")

DETAILS: \_\_\_\_\_

\* 7. Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?

DETAILS: \_\_\_\_\_

8. Been required to register as a sex offender under the Oklahoma Sex Offender Registration Act or under similar laws in another state?

\* 9. Are you a U.S. citizen or U.S. National?

\* 10. Are you an alien lawfully admitted for permanent residence or authorized to be hired for this employment?

\* 11. Do you agree to provide lawful documentation (i.e., social security card, work permit, identification) that you are authorized to be hired for this employment?

\* 12. Are you able to perform all duties of the job for which you are applying without accommodations?

If no, please explain: \_\_\_\_\_

## REFERENCES:

Provide at least three references including principals and superintendents for whom you have most recently taught and one additional person who can attest to your character and qualifications.

- 1) Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_
- 2) Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_
- 3) Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Facebook/social media page (s): \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT—CERTIFIED STAFF PAGE THREE

Beginning with the most recent experience, list all regular teaching experience in public and private schools and in colleges and universities.

Inclusive dates of service _____ - _____ Month/Year      Month/Year  School _____  Name of Immediate supervisor _____	Assignment _____ Grade Level/Subject: _____ Assignment was: __ Full-time __ Part-time ( ____ hours/day; ____ days/week) Street Address _____ City _____ State _____ Zip _____ Phone _____ Title _____
Inclusive dates of service _____ - _____ Month/Year      Month/Year  School _____  Name of Immediate supervisor _____	Assignment _____ Grade Level/Subject: _____ Assignment was: __ Full-time __ Part-time ( ____ hours/day; ____ days/week) Street Address _____ City _____ State _____ Zip _____ Phone _____ Title _____
Inclusive dates of service _____ - _____ Month/Year      Month/Year  School _____  Name of Immediate supervisor _____	Assignment _____ Grade Level/Subject: _____ Assignment was: __ Full-time __ Part-time ( ____ hours/day; ____ days/week) Street Address _____ City _____ State _____ Zip _____ Phone _____ Title _____
Inclusive dates of service _____ - _____ Month/Year      Month/Year  School _____  Name of Immediate supervisor _____	Assignment _____ Grade Level/Subject: _____ Assignment was: __ Full-time __ Part-time ( ____ hours/day; ____ days/week) Street Address _____ City _____ State _____ Zip _____ Phone _____ Title _____

## MILITARY SERVICE

List full-time service in the Armed Forces.

Inclusive dates if service: \_\_\_\_\_ - \_\_\_\_\_      Branch of Service: \_\_\_\_\_  
 Rank at discharge: \_\_\_\_\_

## NON-TEACHING EXPERIENCE

Beginning with your most recent experience list non-teaching experience. (Add additional page as needed)

Inclusive dates of service _____ - _____ Assignment _____ Month/Year      Month/Year  School _____  Name of Immediate supervisor _____	Grade Level/Subject: _____ Assignment was: __ Full-time __ Part-time ( ____ hours/day; ____ days/week) Street Address _____ City _____ State _____ Zip _____ Phone _____ Title _____
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Inclusive dates of service \_\_\_\_\_  
 Assignment \_\_\_\_\_  
 Month/Year      Month/Year      Grade Level/Subject: \_\_\_\_\_  
 School \_\_\_\_\_ Assignment was:  Full-time  Part-time ( \_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 Street Address \_\_\_\_\_  
 Name of Immediate supervisor \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_

Inclusive dates of service \_\_\_\_\_  
 Assignment \_\_\_\_\_  
 Month/Year      Month/Year      Grade Level/Subject: \_\_\_\_\_  
 School \_\_\_\_\_ Assignment was:  Full-time  Part-time ( \_\_\_\_\_ hours/day; \_\_\_\_\_ days/week)  
 Street Address \_\_\_\_\_  
 Name of Immediate supervisor \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Title \_\_\_\_\_

## ORIGINAL STATEMENT

*Please respond in your own handwriting.*

Explain why you chose to enter the teaching profession and describe your career goals in the profession.

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### APPLICANT'S ACKNOWLEDGEMENT, AUTHORIZATION, AND RELEASE

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE TRUE, ACCURATE, AND COMPLETE. ANY MISREPRESENTATION OR WILLFUL OMISSIONS OF FACTS SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. FURTHERMORE, IT IS UNDERSTOOD THAT THIS APPLICATION AND RECORDS BECOME THE PROPERTY OF THE GORE PUBLIC SCHOOL DISTRICT WHICH RESERVES THE RIGHT TO ACCEPT OR REJECT IT. I FURTHER AGREE TO OBSERVE ALL RULES, REGULATIONS, AND POLICIES OF THE SCHOOL DISTRICT, IF EMPLOYED.

I AUTHORIZE GORE PUBLIC SCHOOL DISTRICT TO MAKE ANY INVESTIGATION OF MY PERSONAL OR EMPLOYMENT HISTORY AND AUTHORIZE ANY FORMER EMPLOYER, PERSON, FIRM, CORPORATION OR GOVERNMENTAL AGENCY TO DISCLOSE TO THE GORE PUBLIC SCHOOL DISTRICT ANY INFORMATION THAT THEY MAY HAVE REGARDING ME. IN CONSIDERATION OF THE SCHOOL DISTRICT'S REVIEW OF THIS APPLICATION, I HEREBY RELEASE THE DISTRICT AS WELL AS ALL PROVIDERS OF INFORMATION FROM ANY LIABILITY AND FOR ANY DAMAGE WHICH MAY RESULT FROM THE FURNISHING AND RECEIVING OF THIS INFORMATION. A COPY OF THIS AUTHORIZATION AND RELEASE IS AS VALID AS THE ORIGINAL AND SHOULD BE RECOGNIZED AS SUCH.

I UNDERSTAND THAT IF I AM RECOMMENDED FOR EMPLOYMENT, A CRIMINAL BACKGROUND CHECK MUST BE SATISFACTORILY COMPLETED BEFORE I WILL BE EMPLOYED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

"AN EQUAL OPPORTUNITY EMPLOYER"

"IT IS THE FUNDAMENTAL POLICY OF THE GORE PUBLIC SCHOOL DISTRICT 1-006, TO PROVIDE EQUAL OPPORTUNITY IN ALL OF ITS OPERATIONS AND IN ALL AREAS OF EMPLOYMENT PRACTICE AND TO ASSURE THAT THERE SHALL BE NO DISCRIMINATION AGAINST ANY EMPLOYEE OR APPLICANT ON THE BASIS OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR ANCESTRY, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP. EMPLOYEES OF THIS DISTRICT ARE REQUIRED TO COMPLY WITH THE PROVISIONS OF TITLE VI OF THE CIVIL RIGHTS ACT AND TITLE IX OF THE 1972 EDUCATIONAL AMENDMENTS. AN OPPORTUNITY WILL BE AVAILABLE DURING THE SELECTION PROCESS FOR PERSONS WITH DISABILITIES TO ADVISE THE DISTRICT OF ANY NEED FOR REASONABLE ACCOMMODATION." TITLE IX COORDINATOR IS LUCKY MCCRARY, 1200 NORTH HIGHWAY 10, GORE, OK 74435, (918)-489-5587.

FIRST INTERVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SECOND INTERVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_