

**Superintendent Application Form**  
 Hobart Public Schools – P.O. Box 899 – Hobart, OK 73651

NAME IN FULL (LAST, FIRST, MIDDLE)				PHONE #
PRESENT ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	LENGTH OF RESIDENCE
PERMANENT ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", give type of visa)			WAGE OR SALARY DESIRED	
DEGREE	MAJOR	MINOR	CONVERSION ENDORSEMENTS	CERTIFICATE	LICENSE	EXPIRATION DATE	COMPETENCY TEST PASSED

**Attach an official copy of your college transcript AND a copy of your teaching certification**

**EDUCATION**

DATES		NAME OF INSTITUTION	MAJOR AND MINOR COURSES PURSUED	DEGREE OR CERTIFICATE
FROM	TO			
High School				
College or University				

**EXPERIENCE**

Total years taught \_\_\_\_\_

(List teaching & work experience below beginning with most recent position)

SCHOOL/EMPLOYER	SUBJECT TAUGHT/WORK ASSIGNMENT	INCLUSIVE DATES	NAME & ADDRESS OF SUPERINTENDENT, PRINCIPAL, OR SUPERVISOR

Military experience (Branch) \_\_\_\_\_ Yrs. \_\_\_\_\_ Months \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

Hobart Public Schools does not discriminate on the basis of race, creed, color, national origin, sex, age, veteran status, qualified handicap, or disability. Applications are kept on file for three years at which time they are

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<b>TO BE COMPLETED BY VEHICLE DRIVERS</b>	What type of driver's license do you have? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Opr. <input type="checkbox"/> Chauffeur	License #	Expiration	State Issued
	Are there any restrictions on the license? <input type="checkbox"/> YES <input type="checkbox"/> NO   (If "YES", explain):			

### REFERENCES

	Name	Occupation	Address	Phone
1.				
2.				
3.				

The above information is requested to become acquainted with your qualifications and IS NOT an offer of employment.

I certify that all of the information stated in this application is true to the best of my knowledge and belief, and I authorize you to refer to any former employers or others to verify the statements made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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