

# Kingfisher Public Schools

## Teacher Application Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home)\_(\_\_\_\_\_)\_\_\_\_\_ (Business)\_(\_\_\_\_\_)\_\_\_\_\_ (Mobile)\_(\_\_\_\_\_)\_\_\_\_\_

1. Are you currently under contract? \_\_\_Yes \_\_\_No Where?\_\_\_\_\_

2. Do you possess a valid Oklahoma Teaching License/Certificate? \_\_\_Yes \_\_\_No  
(If "Yes", please attach a copy) If "No", have you applied? \_\_\_\_\_

3. When are you available to start? \_\_\_\_\_  
Month/Day/Year

4. Are you currently certified in another state? \_\_\_Yes \_\_\_No  
Where?\_\_\_\_\_ Type?\_\_\_\_\_ Subject or Grades?\_\_\_\_\_

---

---

List your area(s) of concentration:

**ELEMENTARY  
APPLICANTS  
ONLY**

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

Give your grade preferences (list at least 3):

\_\_\_\_\_  
What is your strongest teaching area(s)? \_\_\_\_\_  
\_\_\_\_\_

---

---

List you degree area(s): Major(s)\_\_\_\_\_ Minor(s)\_\_\_\_\_

**SECONDARY  
APPLICANTS  
ONLY**

List all of the subjects you are certified to teach:

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

---

---

**SPECIAL  
EDUCATION  
APPLICANTS  
ONLY**

What classes are you certified to teach? \_\_\_LD, \_\_\_EMH, \_\_\_TMR, \_\_\_E.D., \_\_\_M.H.,  
\_\_\_Speech, Other\_\_\_\_\_

What classes do you prefer to teach? \_\_\_\_\_

Are you knowledgeable about the requirements to serve special education students?

\_\_\_\_\_



written request is filed to extend the time an additional year.

2. This school district requires a fingerprint felony search for persons who are employed in our system. Your signature below indicates your permission for the fingerprints and the felony search.
3. Your signature below also indicates that the school district may receive confidential statements from your references and maintain the confidential status of those statements, whether written or oral.

To be considered for a position in this school district, read and complete this application. Attach to this application a copy of a recent transcript, a copy of your teaching certificates, a resume, or a letter of application. Return all information to:

Dr. Daniel Craig  
Kingfisher Public Schools  
602 W. Chisholm Drive  
Kingfisher, OK 73750

Kingfisher School does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap, or veteran status.

I hereby affirm that all information given in this application is true and complete to the best of my knowledge. I agree to allow this school district to perform a felony fingerprint search and receive confidential statements from references.

---

Signature

---

Date