## Kingfisher Public Schools Teacher Application Form

Name_ Date			,							
		()(Business)_()(Mobile)_()								
1.	Are you curre	rently under contract?YesNo Where?	_							
2.	Do you possess a valid Oklahoma Teaching License/Certificate?YesNo (If "Yes", please attach a copy) If "No", have you applied?									
3. When are you available to start?										
4.	•	rently certified in another state?YesNo Type? Subject or Grades?	_							
	ENTARY CANTS	List your area(s) of concentration:								
		Give your grade preferences (list at least 3):  What is your strongest teaching area(s)?								
	NDARY CANTS	List you degree area(s): Major(s) Minor(s) Minor(s) List all of the subjects you are certified to teach:	<del></del>							
	CIAL CATION LICANTS	What classes are you certified to teach?LD,EMH,TMR,E.D.,M.H.,Speech, Other								
ONL	Y	What classes do you prefer to teach?	-							
		Are you knowledgeable about the requirements to serve special education students?								

EDUCATIONAL BA	ATTE	ATTENDED		DEGREE RECEIVED				
Name	Location (City & State)		From	То				
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raduate) College or Univ.								
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Undergraduate) Major Area (Undergraduate) Mino		or	(Graduate) Major Area			(Graduate) Minor		
PERIENCE: (Place most :	recent experience f	iret ) Attach ac	ditional page if	necerrany				
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Your application will be retained in our active file one (1) year from the date completed unless a

- 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	And the same of th	Kinatar er sto	 K
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Date			