

**WATONGA PUBLIC SCHOOL  
DISTRICT I-042  
BLAINE COUNTY  
WATONGA, OK 73772**

**EMPLOYMENT APPLICATION**

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date** \_\_\_\_\_

**Position Applying For** \_\_\_\_\_

**Certified** \_\_\_\_\_

**Support** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a citizen of USA? \_\_\_\_\_

Have you ever been employed by the District \_\_\_\_\_ When \_\_\_\_\_

Name of relatives or friends working for this district \_\_\_\_\_

Referred to the district by \_\_\_\_\_

In Case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a crime Yes \_\_\_\_\_ No \_\_\_\_\_

If above answer is "YES" please explain \_\_\_\_\_

**List Names of Two References**

Name	Occupation	Address
_____	_____	_____
_____	_____	_____

**Education**

Name and Location of School	No. of years attended	Dates Graduated	Type of Degree
High School _____			
College _____			
Trade or Business _____			

**Name and Address of Employer    Date    Position    Salary    Reason for Leaving**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**AGREEMENT**

**I authorize investigation of all statements contained in this application. I understand misrepresentations or omission of facts called for is a cause for dismissal without notice at anytime during my employment.**

**I agree if employed to follow all rules and regulations of the district.**

**I understand by sate law the Board of Education must require all employees to submit a health certification from their physician. I further understand and agree the physical will be at my expense.**

**Bus drivers will have their driving record checked with the Department of Public Safety.**

**In accordance with Oklahoma State Statue Title 70-5-I42, the State Board of Education requests criminal history on all school employees.**

**I agree to promptly notify the district of any change of address during my employment.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_