



Bluejacket Public School

HOME OF THE BLUEJACKET CHIEFTAINS

PO Box 29, 276 NE Third Street

Bluejacket, OK 74333

(918)784-2133 Fax: (918)784-2130

SUPPORT PERSONNEL APPLICATION FOR EMPLOYMENT

Date _____

Name _____

First

Middle

(Maiden)

Last

Home Address _____

Street or Box

City

State

Zip Code

How long at this address: _____ Phone Number _____ Date of Birth _____

Are you of Hispanic/Latino culture or origin? Yes _____ No _____ If no, what is your race?

_____ American Indian or Alaskan Native _____ Asian _____ Black/African American

_____ Native Hawaiian or other Pacific Islander _____ White Are you a citizen of the US? Y N

Have you ever been employed by this District? Y N When? _____ School/Department _____

Name relatives or friends employed by this district

Referred to this district by _____ Relationship _____

In case of emergency, notify _____ Relationship _____

Address _____ Phone _____

Have you ever been convicted of a crime (Other than traffic violation?)

Yes _____ No _____ If yes, explain _____

Can you perform the duties for the job in which you've applied? Yes _____ No _____

Do you have an Oklahoma Driver's License? Yes _____ No _____ If so, what class _____

EDUCATION

Did you graduate high school? Yes _____ No _____

Did you attend college? Yes _____ No _____ If yes, Hours Completed/ Degree Received _____

LIST SCHOOLS ATTENDED:

DATE OF ATTENDANCE:

SUPPORT PERSONNEL APPLICATION FOR EMPLOYMENT 2

WORK EXPERIENCE

LIST FORMER EMPLOYERS: DATE OF EMPLOYMENT: REASON FOR LEAVING:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever worked with children? Yes _____ No _____ If so, where? _____

Check the type of support position for which you are qualified:

_____ Secretary	_____ Custodian	_____ Bus Driver
_____ Bookkeeper	_____ Cook/Manager	Have you ever driven a bus? Y N
_____ Teacher Assistant	_____ Cafeteria Helper	Number of years driving? _____
_____ Non-Certified substitute teacher		Chauffeur's License? _____

LIST NAME AND PHONE NUMBER OF THREE REFERENCES THAT MAY BE CONTACTED BY THE SCHOOL FOR PREVIOUS WORK EXPERIENCE ON YOUR BEHALF: (Other Than Relatives)

LIST NAME AND PHONE NUMBER OF TWO PERSONAL REFERENCES THAT MAY BE CONTACTED BY THE SCHOOL ON YOUR BEHALF:

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

I understand that my application will remain active for a period of one year from date of application

SIGNATURE OF APPLICANT

DATE

