

# SUPPORT STAFF EMPLOYMENT APPLICATION

BURLINGTON PUBLIC SCHOOLS  
401 MAIN STREET \* BOX 17  
BURLINGTON, OK 73722  
580-431-2222

LIST NAMES OF THREE REFERENCES (Not Relatives) TO WHOM WE MAY REFER

NAME	OCCUPATION	ADDRESS

Name \_\_\_\_\_  
LAST
FIRST
MIDDLE

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long at this Address? \_\_\_\_\_

Permanent Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If not, are you a legal Alien? \_\_\_\_\_

Have you ever been employed here? \_\_\_\_\_ When \_\_\_\_\_ Location or Department \_\_\_\_\_

Name relatives or friends working here \_\_\_\_\_

Referred by \_\_\_\_\_ Friend \_\_\_\_\_ Relation \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_

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

Conviction of a felony offense prohibits an individual from serving as a school teacher or administrator in Oklahoma. Have you ever been convicted of a State or Federal felony offense? Yes\_\_\_ No\_\_\_

Have you ever entered a plea of guilty or nolo contendere to a State or Federal charge? Yes\_\_\_ No\_\_\_

Have you ever been charged with a State or Federal offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? Yes\_\_\_ No\_\_\_

Have you ever entered a plea of guilty or nolo contendere to, or been convicted of, a State or Federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? Yes\_\_\_ No\_\_\_

Do you have any physical impairment that would interfere with your performance in the position for which you are applying? \_\_\_\_\_

Position(s) desired \_\_\_\_\_ Date available \_\_\_\_\_

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DATE GRADUATED	TYPE OF COURSE
Elementary School				
High School				
College				DEGREE
Trade or Business				

**EMPLOYMENT HISTORY**  
(Cover at least last five years)

NAME & ADDRESS OF EMPLOYER	DATE		POSITION	SALARY	REASON FOR LEAVING
	Month	Year			
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				
Name _____ Address _____ City _____ Supervisor _____	From				
	To				

**MILITARY SERVICE**

Branch of Service \_\_\_\_\_ Entered \_\_\_\_\_ Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in – National Guard \_\_\_\_\_ Reserves \_\_\_\_\_ Until \_\_\_\_\_

Explain National Guard or Reserve Commitment \_\_\_\_\_

What is Your Present Selective Service Classification? \_\_\_\_\_

\_\_\_\_\_

Have You Ever Worked with Children? \_\_\_\_\_ If So, Where \_\_\_\_\_

\_\_\_\_\_

Check Type of Position for Which You are Qualified

- |                         |                          |                          |
|-------------------------|--------------------------|--------------------------|
| ____ Secretary          | ____ General Maintenance | ____ Cook                |
| ____ Teacher Assistant  | ____ Custodian           | ____ Cafeteria Assistant |
| ____ Library Assistant  | ____ Cook Manager        | ____ Bus Driver          |
| ____ Other (List Below) |                          |                          |

\_\_\_\_\_

Answer the Following Questions if Applying for a Transportation Position:

Otherwise, Proceed to the Agreement Section.

Have You Ever Driven a (type of vehicle) \_\_\_\_\_

If so: Where \_\_\_\_\_

How Many Years? \_\_\_\_\_

What Other Driving Experience Have You Had? (Give years experience.)

Cars \_\_\_\_\_

Truck \_\_\_\_\_

Others \_\_\_\_\_

Do You Have a Drivers License? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Bus Driver Permit Number \_\_\_\_\_

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### AGREEMENT

**I hereby certify that the above information is, to the best of my knowledge, true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and record become the property of Burlington Public School which reserves the right to accept or reject it. I agree to observe all rules, regulations, and policies of the school district, if employed.**

**I authorize Burlington Public Schools to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the Burlington Public School any information they may have regarding me. In consideration of the School District's review of this application, I hereby release the District as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.**

**I understand that if I am recommended for employment, a criminal background check must be satisfactorily completed before I will be hired.**

\_\_\_\_\_  
Signature of Applicant

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DO NOT WRITE BELOW THIS LINE

Interviewed By _____	Date _____	
Remarks: _____		
_____		
_____		
Date Employed _____	Reporting Date _____	Position _____