APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY

The Southern Oklahoma Technology Center District #20 does not discriminate with regard to race, color, religion, gender, national origin, age, marital or veteran status, disability or any other legally protected status.

To assure your application is properly evaluated it is essential that all of the questions be answered as carefully and completely as possible. If you need more space for your answers, please attach a separate sheet. You may also furnish a letter of interest and/or resume. Submit completed application via the mail, fax or in person to: Human Resources Department, SOTC, 2610 Sam Noble Parkway, Ardmore, OK 73401.

Specific Position Applied For: __________________________________________ Date: _______________

General Area(s) of Employment Interest: Full-Time Instructor Part-Time Adjunct Instructor Other

When Are You Available for Employment? __________________________ Minimum Salary Acceptable: ______________

PERSONAL DATA

Name: ____________________________________________________________

Last First Middle

Home Ph: __________________ Business Ph: __________________ Cell Ph: __________________

Fax No: __________________ Email Address: __________________________

Present Address: __________________________________________

City: __________________________ State: __________________________ Zip: __________________

Permanent Address: __________________________________________

City: __________________________ State: __________________________ Zip: __________________

Have you filed an application here before? No Yes Date: ______________

Have you ever been employed here before? No Yes Date: ______________

Are there any time periods when you will not be available for work? No Yes

When? __________________________ Please explain your answer: __________________________

Have you been convicted of a felony within the last 10 years? No Yes

If yes, explain: __________________________
EDUCATION
(Please attach copies of certifications, diplomas and transcripts)

Please attach a separate sheet of paper if you need additional space.

<table>
<thead>
<tr>
<th>Complete Information Requested for Each Level of Education</th>
<th>School Name and Location (City and State)</th>
<th>No. of Years or Hours Completed</th>
<th>Type of Certificate (Diploma, Degree and Major)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College or University</td>
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<td>Military School(s), Apprenticeship or Other Technical Training Programs</td>
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Computer Applications

Please list any computer applications you can operate with proficiency.

EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions including military experience*. Continue on a separate sheet of paper if you need additional space.

<table>
<thead>
<tr>
<th>Name of Employer:</th>
<th>Address of Employer:</th>
<th>Job Title:</th>
<th>Dates Employed: From ___________ To ___________ Month/Year</th>
<th>Salary:</th>
<th>Supervisor:</th>
<th>Phone:</th>
<th>Fax:</th>
<th>Email:</th>
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</table>

Summary of Work Performed:

__________________________________________________________________________

Reason for Leaving:

__________________________________________________________________________

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</table>

Summary of Work Performed:

__________________________________________________________________________

Reason for Leaving:

__________________________________________________________________________
EMployment Experience (Continued)

Name of Employer: ____________________________
Address of Employer: __________________________
Job Title: ____________________________ Dates Employed: From ______/____/____ To ______/____/____
Salary: ____________________________ Supervisor: ____________________________ Phone: ____________________________
Fax: ____________________________ Email: ____________________________
Summary of Work Performed: ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Reason for Leaving: ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Name of Employer: ____________________________
Address of Employer: ____________________________
Job Title: ____________________________ Dates Employed: From ______/____/____ To ______/____/____
Salary: ____________________________ Supervisor: ____________________________ Phone: ____________________________
Fax: ____________________________ Email: ____________________________
Summary of Work Performed: ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Reason for Leaving: ____________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

May we contact the above places of employment? No Yes
May we contact your current employer? No Yes

*Military Service - Credit for military service may be granted only with the presentation of serviceperson’s Form DD214.

Professional References

Please do not list relatives.
(Business Associates and Supervisors preferred)

Name: ____________________________ Address: ____________________________
City, State, Zip: ____________________________ Phone: ____________________________
Fax: ____________________________ Email: ____________________________
How do you know this individual? ____________________________

Name: ____________________________ Address: ____________________________
City, State, Zip: ____________________________ Phone: ____________________________
Fax: ____________________________ Email: ____________________________
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Name: ____________________________ Address: ____________________________
City, State, Zip: ____________________________ Phone: ____________________________
Fax: ____________________________ Email: ____________________________
How do you know this individual? ____________________________

Name: ____________________________ Address: ____________________________
City, State, Zip: ____________________________ Phone: ____________________________
Fax: ____________________________ Email: ____________________________
How do you know this individual? ____________________________
Do you presently hold any type of teaching or administrative certification in Oklahoma?  No  Yes
(If so, attach a copy of your Oklahoma Teaching Certificate to the application.)

If you do not qualify for a Standard Teaching Certificate in Oklahoma, are you willing to work toward completion of the minimum requirements for your area of specialization?  No  Yes

Are you licensed or certified by any trade or profession?  No  Yes
If yes, indicate kind of license or certificate:

Note: Specific information regarding teaching certification may be obtained by writing to: Career and Technology Teacher Certification, Oklahoma Department of Career and Technology Education, 1515 W. Seventh Ave., Stillwater, OK, 74074, Telephone: 405-377-2000.

I hereby affirm that all statements made herein are true and correct. I authorize Southern Oklahoma Technology Center District #20 to conduct whatever investigation it deems necessary to confirm information given on this application and in any interview. I understand and agree that any false or misleading information given or omission of fact shall be sufficient grounds for summary dismissal.

I authorize and request each former employer and person, school, firm or organization given as references, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application. I also certify that any person, agent, school, firm or organization who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person, agent, school, firm or organization from any and all liability as a result of furnishing such information.

I understand that certain positions may require that I undergo and successfully complete a post-offer of employment physical examination, drug test, and an Oklahoma State Bureau of Investigation (OSBI) and/or 3rd party vendor background check. These are required of all entering employees and any offer of employment, under these circumstances, will be conditioned upon the results.

I understand that the use of this application form does not guarantee that there are any positions available, and in no way obligates Southern Oklahoma Technology Center District #20.

I understand that acceptance of any offer of employment does not create a contractual obligation upon Southern Oklahoma Technology Center District #20 to continue to employ me in the future.

Should I be employed, I agree to support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma and abide by all policies and procedures of Southern Oklahoma Technology Center District #20.

Legal Signature of Applicant:  Date:  

*Electronic Signatures in Global and National Commerce Act, a federal law, allows electronically signed documents to have the same legal integrity as documents bearing an ink signature.

This application will remain active 120 days.

For SOTC Administrative Use Only

Was applicant granted interview?  ☐ No  ☐ Yes  If yes, what date?  
Was an offer of employment made?  ☐ No  ☐ Yes
If the preceding answer was ‘no’, was applicant notified of who was awarded the position?  ☐ No  ☐ Yes
Was applicant hired?  ☐ No  ☐ Yes  If yes, what date?  
Signature:  Date:  
SOUTHERN OKLAHOMA TECHNOLOGY CENTER
APPLICANT DATA RECORD

SUBMISSION OF THIS INFORMATION IS VOLUNTARY ONLY

To assist us in complying with government record keeping, periodic reporting, and other legal requirements, please supply the information requested below. This information will be kept confidential and private.

PLEASE PRINT

DATE ________________  POSITION FOR WHICH YOU ARE APPLYING ____________________

Referral Source:

___Advertisement   ___Friend   ___Relative   ___Employment Agency   ___Internet

Your Name: ____________________________________________ Last   First   MI

Phone: ________________________________________________

Address: _____________________________________________

  Number  Street  City  State  Zip Code

The data you provide will be used for analysis and diversity purposes only and disclosure or failure to disclose this information will not adversely affect consideration of your employment.

This data sheet will be filed separately from your application.

**Submission of this information is voluntary.**

Please check one of the following:  

Male  ☐  Female  ☐

Employee Race/Ethnic Group:

Asian:  ☐
African American (Black):  ☐
American Indian/Alaska Native:  ☐  Tribe: ____________
Enrolled (Card Carrying):  ___No  ___Yes

Hispanic/Latino  ☐
Native Hawaiian or Other Pacific Islander  ☐
Caucasian (White):  ☐
Two or More Races not Hispanic/Latino  ☐
Other/Unknown:  ☐  Please specify: ______________________

Veteran Status:  Veteran:  ___Yes  ___No

Southern Oklahoma Technology Center is an Equal Opportunity Employer and does not discriminate with regard to race, color, religion, gender, national origin, age, marital or veteran status, or disability.

Last Revision: 11/30/15