
APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Indian Capital Technology Center considers all qualified applicants for each position and does not discriminate on the basis of race, color, national origin, sex/gender, age, disability, or veteran status. Inquiries concerning application of this policy may contact Compliance Officer Sharon Billings at 2403 N. 41st Street East Muskogee, OK 74403 or call (918)348-7936 or email sharonb@ictctech.com.

Position applied for: _____ Date of application: _____

When are you available for employment? _____

Referral source: () advertisement () friend () relative () agency () other: _____

PERSONAL DATA

Name: _____ Social Security Number: _____

Present Address: _____
Number Street City State Zip

Permanent Address: _____
Number Street City State Zip

Home/Cell Phone: _____ Business Phone: _____

Have you ever filed an application here? () yes () no If yes, date: _____

Have you ever been employed here? () yes () no If yes, date: _____

Are you available to work evenings? () yes () no If yes, date: _____

Are you legally eligible for employment in the United States? () yes () no

Are there any periods during the year when you will not be available for work? () yes () no

If yes, when? _____

Have you ever been charged with or convicted of a felony? () yes () no

If yes, explain: _____

EDUCATION

Complete Information Requested for Each Level of Education	School Name and Location City & State	Date <u>Attended</u> From To	Year Graduated	Type of Certificate, Diploma, Degree, & Major
High School	_____	_____	_____	_____
College or University	_____ _____	_____ _____	_____ _____	_____ _____
Military School(s), Apprenticeship, or Other Trade or Technical Training Programs	_____ _____	_____ _____	_____ _____	_____ _____

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

EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions and include military experience. Continue on a separate sheet of paper if you need additional space. **THIS SECTION MUST BE COMPLETED WHETHER RESUME IS ATTACHED OR NOT.**

Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
Supervisor:			
Reason for Leaving:			
Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
Supervisor:			
Reason for Leaving:			
Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
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Job Title:			
Supervisor:			
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Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
Supervisor:			
Reason for Leaving:			

SUMMARY OF EMPLOYMENT EXPERIENCE

_____ 1. Total Years Experience in Education (Teaching, Administrative, or Supervisory)
_____ 2. Total Years Experience in the Position Applied for
_____ 3. Total Years Experience in Business, Industry, Agriculture, or Military Service Related to Your Area of Specialization
May we contact your present employer for references? _____ yes _____ No

TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? () yes () no

If yes, list the type, number, and expiration date of certificate:

Type _____ No. _____ Expiration Date _____

Type _____ No. _____ Expiration Date _____

Type _____ No. _____ Expiration Date _____

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? () yes () no

Are you licensed or certified by any trade or profession? () yes () no

If yes, list the type, number, and expiration date of certificate and attach a copy:

Note: Specific information regarding teaching certification may be obtained by writing to Vocational Teacher Certification, Oklahoma Department of Career and Technology Education, 1500 West Seventh, Stillwater, Oklahoma 74074. Phone: 405-377-2000.

GENERAL INFORMATION

List any professional activities or other information that is pertinent to this application and the position applied for. Please continue on a separate sheet of paper if you need additional space.

PROFESSIONAL REFERENCES

Name	Address	City	State	Zip	Phone

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. The information is provided to acquaint the interviewer with my qualification. I understand completion of this application does not constitute an offer of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all laws, policies, rules and regulations of the Board of Education and Administration of Indian Capital Technology Center District #4, the Oklahoma Department of Career and Technology Education, and the State of Oklahoma. I authorize you to refer to any former employers or others to verify statements made. I further understand that any additional materials submitted with the employment application (resumes, portfolios, etc.) become the property of Indian Capital Technology Center and will not be returned to the applicant.

Legal Signature of Applicant

Date

FOR USE BY ADMINISTRATIVE PERSONNEL ONLY

Interviewed: () yes () no

Date: _____

Time: _____

Employed: () yes () no

Effective Date: _____

Salary: _____

Position: _____

Signature

Position

Date