

Kingfisher Public Schools

Teacher Application Form

Name _____

Date _____

Address _____

Telephone (Home)_(_____) _____ (Business)_(_____) _____ (Mobile)_(_____) _____

1. Are you currently under contract? ___Yes ___No Where? _____

2. Do you possess a valid Oklahoma Teaching License/Certificate? ___Yes ___No
(If "Yes", please attach a copy) If "No", have you applied? _____

3. When are you available to start? _____
Month/Day/Year

4. Are you currently certified in another state? ___Yes ___No
Where? _____ Type? _____ Subject or Grades? _____

List your area(s) of concentration:

Give your grade preferences (list at least 3):

What is your strongest teaching area(s)? _____

List your degree area(s): Major(s) _____ Minor(s) _____

List all of the subjects you are certified to teach:

What classes are you certified to teach? ___LD, ___EMH, ___TMR, ___E.D., ___M.H.,
___Speech, Other _____

What classes do you prefer to teach? _____

Are you knowledgeable about the requirements to serve special education students?

**ELEMENTARY
APPLICANTS
ONLY**

**SECONDARY
APPLICANTS
ONLY**

**SPECIAL
EDUCATION
APPLICANTS
ONLY**

EDUCATIONAL BACKGROUND		ATTENDED		DEGREE RECEIVED	DATE
Name	Location (City & State)	From	To		
High School					
(Undergraduate) College					
(Graduate) College or Univ					
Other					
Other					
(Undergraduate) Major Area	(Undergraduate) Minor	(Graduate) Major Area		(Graduate) Minor	

EXPERIENCE: (Place most recent experience first.) Attach additional page if necessary.

SCHOOL or SYSTEM STATE	CITY and	Grade(s) or Subject(s) or Position	From	To
			Month Year	Month Year
1.				
2.				
3.				
4.				

Military Experience: Yes No **Active Duty:** _____ to _____
Month/Year Month/Year

Professional References: (List names and addresses of only those people who are qualified to evaluate you for the positions sought.)

What do you consider your strongest qualifications as a teacher?

PLEASE NOTE:

1. Your application will be retained in our active file one (1) year from the date completed unless a

written request is filed to extend the time an additional year.

2. This school district requires a fingerprint felony search for persons who are employed in our system. Your signature below indicates your permission for the fingerprints and the felony search.
3. Your signature below also indicates that the school district may receive confidential statements from your references and maintain the confidential status of those statements, whether written or oral.

To be considered for a position in this school district, read and complete this application. Attach to this application a copy of a recent transcript, a copy of your teaching certificates, a resume, or a letter of application. Return all information to:

Mr. Jason Sternberger
Kingfisher Public Schools
602 W. Chisholm Drive
Kingfisher, OK 73750

Kingfisher School does not discriminate on the basis of race, color, national origin, sex, age, qualified handicap, or veteran status.

I hereby affirm that all information given in this application is true and complete to the best of my knowledge. I agree to allow this school district to perform a felony fingerprint search and receive confidential statements from references.

Signature

Date