



Chisholm Trail Technology Center
 Rt. 1 Box 60
 Omega, OK 73764

Employment Application

Personal Data

(First)	(Middle Initial)	(Last)	(Social Security #)	(Date)
Address _____				
(Number/Street)			(Telephone)	

(City)	(State)	(Zip Code)	(Yrs. At Present Address)	

List previous addresses within the United States, except Military, if address has changed during the past 5 years.

(Number/Street)	City	State	From	To
Number/Street	City	State	From	To
Number/Street	City	State	From	To
Type of Work Desired _____		Date Available _____		

Educational Data

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

* Attach copy of Certificate/Diploma. Please continue on another sheet of paper if you need additional space.

Trade Experience References

Give the names and complete mailing addresses of three persons qualified to speak concerning your trade or technical experience.		
Name and Occupation	Address	Telephone #

Certified Staff Application

Employment Record

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.

Company Name	Supervisor	Address: Street, City, State
Dates Employed	Position and Duties	Salary
From:		Starting:
To:		Leaving:
Reason for Leaving:		
Company Name	Supervisor	Address: Street, City, State
Dates Employed	Position and Duties	Salary
From:		Starting:
To:		Leaving:
Reason for Leaving:		
Company Name	Supervisor	Address: Street, City, State
Dates Employed	Position and Duties	Salary
From:		Starting:
To:		Leaving:
Reason for Leaving:		

Teacher Certification and Licensing

Do you presently hold any type of teaching or administrative certification in Oklahoma? Yes No

If yes, list 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, indicate what kind of license or certification _____

Equal Employment Opportunity Policy

Chisholm Trail is in compliance with Title IX of the Educational Amendment of 1972 and other federal laws and regulations and does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, marital or veteran status, or on the presence of non-job related medical conditions or disabilities in any of its practices, policies, or procedures. This includes, but is not limited to admissions, employment, financial aid, and educational services.

Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Time: _____
Signature _____	Position _____	Date _____

Certified Staff Application