



MERRITT PUBLIC SCHOOLS

*Certified Employment Application
Resume Required*

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Merritt School District does not discriminate on the basis of race, color, religion, gender, national origin, age, marital or veteran status or disability.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position held: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position held: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position held: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

Pursuant to Oklahoma State Statute Title 70 5-142, the Merritt Public Schools may conduct a State search on all newly employed persons in the district.

I understand that this application will remain active for the current school year, only, and that I must notify the district, in writing, if I wish to be considered beyond that period.

I authorize investigation of all statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal without notice at any time during my employment.

I agree, if employed, to follow all rules and regulations of the district.

I understand that the Board of Education may require a health certificate from a physician and further understand and agree that the physical will be at my expense.

Signature: _____ Date: _____

