

Note – This application will not be processed without a valid driver's license and a signed social security card!!

MOUNDS PUBLIC SCHOOLS

Certified/Support Application

Date _____

Personnel Information (Please type or Print)

Name _____ Social Security No _____
Last First Middle

Physical Address _____ Email _____
Street City State Zip

Mailing Address _____ Phone _____
Box City State Zip

(circle) Sex: F M Ethnic (optional): White Black Hispanic Asian American Indian Other _____

Emergency Contact Name _____ Phone _____

Doctor's Name _____ Phone _____

Education

High School _____ Grad/Date _____
Institution, Town, State

Bachelors _____ Grad/Date _____
Institution, Town, State

I am currently enrolled in college and will be available _____

Masters _____ Grad/Date _____
Institution, Town, State

Doctorate/Graduate Hours _____ Grad/Date _____
Institution, Town, State

Certificate: No. _____ Kind _____ Expiration Date _____
Elementary, Mathematics, Etc.

Requirements:

Teachers must provide a copy of your teaching certificate and college transcript when completing this application.
Teacher's Aide: Please provide a copy of your High School Diploma or GED.

MOUNDS PUBLIC SCHOOLS

Certified/Support Application

Date Available _____

List position(s) for which you are applying: **(If teacher, state subject and grade level as well.)**

1. _____

2. _____

3. _____

Work Experience

Employer's Name	Employers Address	Supervisor	Type of Work	Dates Employed

Teaching Experience

Position (Teacher, Principal)	School District	Subject	No. of Years	Dates Employed

Years of OK Teaching Experience _____ Out of State _____ Military _____ Total Years _____

Please make any additional remarks that you think might strengthen your applications such as special training and qualifications

MOUNDS PUBLIC SCHOOLS

Certified/Support References

Four References Are Required

Name	/Street, City, State & Zip	/Phone	/Relation to Your Work
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		
4.	<hr/>		

I authorize the investigation of all statement contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature of Applicant

Date