



# Human Resources

## Thank you for your interest in Ardmore City Schools

Please complete and submit the Certified Employment Application as follows for all certified positions with Ardmore City Schools.

1. Application for Certified Employment
2. Copies of college/university transcripts
3. Copy of teaching certification
4. Current resume

Once all the above items have been submitted to the Human Resources Department, the application process will be complete. In addition, you may add or attach letters of reference or any items that will give us a more complete estimate of your training, experience, character and ability.

Your application will remain on file with the Human Resources Department for one school year. If you are still seeking employment at the end of one year, please reapply.

Please note that due to the volume of applications for certain positions, there is no requirement of the district to interview all applicants.

If you are interviewed for a teaching or certified position, please know that the district may require a written composition as part of the interview process.

Again, thank you for your interest in Ardmore City Schools.

Sincerely,

*Jill Day*

Assistant Superintendent

### Return this application and all required materials to Ardmore City Schools Office of Human Resources

By email: [tcolaw@ardmore.k12.ok.us](mailto:tcolaw@ardmore.k12.ok.us)

For more information call: 580-221-3001 Ext 211

**By mail:**

PO Box 1709, Ardmore, OK 73402

**In Person:**

800 M Street NE, Room 115, Ardmore, OK 73401



# Certified Employment Application

## Ardmore City Schools

*Note: Due to the high volume of applications for certain position, there is no requirement to interview all applicants*

Date of Application

### Position Information

**What position or positions are you applying for?**

1	
2	
3	

### General Information

Last Name	<input style="width: 90%;" type="text"/>	First Name	<input style="width: 90%;" type="text"/>	Middle Initial	<input style="width: 90%;" type="text"/>
Mailing Address	<input style="width: 95%;" type="text"/>			Apartment/Unit #	<input style="width: 90%;" type="text"/>
City	<input style="width: 90%;" type="text"/>	State	<input style="width: 90%;" type="text"/>	Zip	<input style="width: 90%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>			Email:	<input style="width: 95%;" type="text"/>
Social Security Number	<input style="width: 95%;" type="text"/>			Date Available for Work	<input style="width: 90%;" type="text"/>

Have you ever been previously employed by Ardmore City Schools

No      Yes

If yes, under what name were you previously employed (if different)?

Are you a retired teacher currently receiving a pension from the Oklahoma Teachers' Retirement System?

Yes      No

How long have you been retired?

Have you ever been convicted of a felony?

No      Yes

If yes, explain

Are you related to a member of the Board of Education

No      Yes

If yes, explain

**State law prohibits employment of applicants related to Board members within the third degree.**

What High School did you attend?

High School Location (City, State)

Did you graduate & receive a diploma?

Yes  
No

Year of Graduation  
If no, did you obtain a GED?

Yes      No

## Colleges Attended

Please include a copy of all college transcripts with your application

Name of College or University

Location of College or University

Did you receive a degree?

Yes

\*No

If yes, type of degree

Bachelors

Masters

GPA

Degree Received

\*If No, how many semester hours do you have at this college or university?

What are your Graduate or Work Subject Areas?

Comments/Information

Name of College or University

Location of College or University

Did you receive a degree?

Yes

\*No

If yes, type of degree

Bachelors

Masters

GPA

Degree Received

\*If No, how many semester hours do you have at this college or university?

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Comments/Information

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Degree Received

\*If No, how many semester hours do you have at this college or university?

What are your Graduate or Work Subject Areas?

Comments/Information

**Certification Information**  
Please include a copy of your certification

Do You Hold a Current Oklahoma Teaching Certificate? Yes  \*No

Expiration Date

Type of Certification

Certificate #	<input type="text"/>		
	Standard	Provisional	License
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**List All Certification Areas as Shown on Your Teaching Certificate**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
* I have applied for Oklahoma Certification	Date Applied	<input type="text"/>
* My Oklahoma Certification is Pending	Date Expected	<input type="text"/>
* My Teaching Certification is from Another State	List State of Certification	<input type="text"/>

Additional Comment/Information Regarding Certification:

**Teaching Information**

Have you taken and/or passed all required State of Oklahoma Competency exams? Yes  No

If not, what date will you be taking them?

Have you passed an Oklahoma subject area test in areas in which you hold a certificate? Yes  No

List subject areas in which you have passed a subject area test

Are you currently under contract in another district? No  Yes

If Yes, Where?

Do you need to complete a residency year? No  Yes

Total Number of Teaching Years in Oklahoma

Total Number of Teaching Years Out-of-State

**Attributes and/or Abilities**

Do you have an interest in coaching? No  Yes

Areas

Have you completed the course "Care & Prevention of Athletic Injuries?" Yes  No

List:

Can you speak a language other than English? Yes  No

## Teaching Experience

Begin with Most Current

Name of School District		Address			
		City & State			
Principal/Supervisor		Start Date		End Date	
Subjects and/or Grade Levels Taught					
Reason for Leaving					

Name of School District		Address			
		City & State			
Principal/Supervisor		Start Date		End Date	
Subjects and/or Grade Levels Taught					
Reason for Leaving					

Name of School District		Address			
		City & State			
Principal/Supervisor		Start Date		End Date	
Subjects and/or Grade Levels Taught					
Reason for Leaving					

## Non-Teaching Employment Experience (to include Military Service)

Employer		Address			
		City & State			
Supervisor		Start Date		End Date	
Job Duties					
Reason for Leaving					

Employer		Address			
		City & State			
Supervisor		Start Date		End Date	
Job Duties					
Reason for Leaving					

Employer		Address			
		City & State			
Supervisor		Start Date		End Date	
Job Duties					
Reason for Leaving					

## Related Experience

List any special abilities, interests, community activities, high school and/or college activities which would enhance your opportunity for employment, including unique or special achievements.

List any professional activities, including professional or honorary organizations, research studies, publications and/or presentations.

### Certified Teacher applicants answer the following questions

Describe how you have used or plan to use student assessment data to diagnostically plan and deliver instruction around the district's curricular objectives.

Provide examples of how you have used or plan to use differentiated instruction to help all students master the district's curricular objectives.

## References

Name	Full Address	Phone Number	Position

## Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment with Ardmore City Schools, I understand that any false or misleading information in my application or in my interview may result in my release from employment.

Signature

Date