

Duncan Public Schools Certified Application



Return to: **Duncan Public School**
Personnel Office
P.O. Box 1548
Duncan, OK 73534-1548

Please check yes or no to the following statement:
 I give my permission for Duncan Public Schools
 to release my name, phone number, and areas
 certified in to area schools. YES _____ NO _____

**We consider applicants for all positions without regard to race, color, religion, sex,
 national origin, age, marital, veteran status, the presence of a non-job-related medical
 condition or handicap, or any other legally protected status.
 WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Date: _____

POSITION FOR WHICH YOU ARE APPLYING:

- Administrator
 Counselor
 Nurse
 Librarian
 Other _____
 Teacher (for Teacher, complete the following:)

(List at least three grade choices) Elementary School (PreK - 5)
(List only subjects for which certified) Middle School (6 - 8)
(List only subjects for which certified) High School (9 - 12)

Last Name	First Name	Middle Name	Social Security Number
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Present Address: _____

Street	City	State	Zip Code
Until _____ 20____	Telephone Number _____	Area Code - Number _____	

Permanent Address: _____

Street	City	State	Zip Code
Permanent Telephone Number _____		Area Code - Number _____	

Education and Experience

Please attach a copy of college transcript and a copy of current teaching certificate. Indicate any other courses in which you are currently enrolled.

Name of school and location (Begin with High School)	Dates Inclusive	Degree or Diploma	Major	Minor

_____ Years of military experience
 _____ Years of teaching experience
 _____ Years of administrative experience

Please list the areas (language arts, science, etc.) in which you have endorsements. _____

Bachelor's Degree _____ Hours Over _____
 Master's Degree _____ Hours Over _____
 Doctor's Degree _____ Hours Over _____

Teaching Experience

Place	Dates Inclusive	Number of Months	Number of Teachers in System	Type of Position (Specify grades, subjects, and extra-curricular)	Reason For Leaving	Beginning Yearly Salary	Ending Yearly Salary

Personal Data

1. Are you aware of any reason you would not be able to perform the duties requested of the position for which you are applying? _____ if yes, please explain.

2. What is the exact kind and type of Oklahoma teaching certificate you hold?

Provisional Standard Alternative Certificate/License#: _____ Expiration: _____

3. Do you hold a teaching certificate from another state? Yes _____ No _____

4. Circle any of the following activities which you can direct successfully: Orchestra Band
 Glee Club Debate Declamation Plays Football Basketball
 Baseball Track Tennis Boxing Wrestling Soccer Playground
 Newspaper Yearbook Others not listed _____

5. Please list honors and activities: _____

6. Are you available for an interview? _____

7. When could you begin work? _____

8. Write a brief paragraph relating your reason for choosing teaching as a profession: _____

References

Please list those persons qualified to answer concerning your fitness for the position you seek and/or give the placement office where credentials are on file. Include especially superintendents and principals under whom you have taught.

Name	Occupation	Business Address	Home Address(if known)

Felony Questionnaire

Have you been convicted of a felony? **Conviction will not necessarily disqualify an applicant from employment** Yes No

If Yes, please explain: _____

Have you, at any time, been convicted in the State of Oklahoma, United States, or another state of any sex offense subject to the Sex Offenders Registration Act in State of Oklahoma or subject to another state's or federal sex offenders registration provisions? Yes No

In your own handwriting, please write on the lines below your philosophy of education (attach additional sheets if needed):

I hereby certify that the information on this application to the best of my knowledge is true, and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of the application or termination of employment. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of this district.

I also understand that by signing this application, I specifically consent to the release of information by my prior employers and personal references as listed on this application to this district. I also agree to release such prior employers, the governing boards and my personal references from any and all causes of action or other potential claims which I could have against them for answering questions about my work habits and experiences. This consent is a consent not to sue any prior employer, their employees or their board members for defamation, regardless of what may be related to this District regarding my previous employment experience.

Signature of Applicant _____ **Date** _____ **20** _____

This application will be kept on file for two years from the above date.

**DUNCAN PUBLIC SCHOOLS
CONSUMER AUTHORIZATION AND RELEASE**

In connection with **DUNCAN PUBLIC SCHOOLS** considering me for employment, continued employment, promotion or reassignment, I authorize **DUNCAN PUBLIC SCHOOLS** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by **DUNCAN PUBLIC SCHOOLS**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **DUNCAN PUBLIC SCHOOLS**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 421583

LEGAL NAME _____ DOB * _____ SS# _____

OTHER NAMES USED _____

CURR. ADDR. _____ DL # _____ STATE _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18: _____

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ?) Y N

Employer	City	Tel	Dates	From	To
_____	_____	_____	_____ / _____		
_____	_____	_____	_____ / _____		
_____	_____	_____	_____ / _____		

EDUCATION

Name	City, St	Tel	Dates	From	To
_____	_____	_____	_____ / _____		
Years attended _____	Most recent	Last year completed: 1 2 3 4	Degree(s)		

Last name if different while in School _____

PLEASE PRINT

* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

*****OFFICE USE ONLY**

RETURN TO: E-MAIL ADDRESS _____ OR FAX # _____

**DUNCAN PUBLIC SCHOOLS
CONSUMER AUTHORIZATION AND RELEASE**

CONSUMER DISCLOSURE

(FCRA-1)

In connection with DUNCAN PUBLIC SCHOOLS considering you for employment, continued employment, promotion or reassignment, DUNCAN PUBLIC SCHOOLS may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS
REGARDING:**

CRA's creditors and others not listed below

National banks federal branches/agencies of
foreign banks (word "National" or initials "N.A."
appear in or after bank's name)

Savings associations and federally chartered
savings banks (word "federal" or initials "F.S.B."
appear in federal institution's name)

Federal Reserve system member banks (except
national banks, and federal branches/agencies
of foreign banks)

Federal Credit Unions (words "Federal Credit
Union" appear in institution's name)

State chartered banks that are not a member of the
Federal Reserve System

Air-surface, or rail common carriers regulated by
former Civil Aeronautics Board or Interstate
Commerce Commission

Activities subject to the Packers and Stockyards
Act, 1921

PLEASE CONTACT:

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
202-326-3761

Office of the Comptroller of the Currency
Compliance Management, MailStop 6-6
Washington, D.C. 20219
800-613-6743

Office of Thrift Supervision
Consumer Programs
Washington, D.C. 20552
800-842-6929

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, D.C. 20551
202-452-3693

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, D.C. 20429
800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, D.C. 20590

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, D.C. 20250
202-720-7051

To Whom It May Concern:

I, _____, hereby authorize Duncan Public Schools to submit my name to Accufax Div., Southvest Inc., to do a felony background check for the purpose of employment within the Duncan School System. I understand that I will be charged a nonrefundable fee of \$25.00 for the background check.

Signature

Date

This background check will not be processed unless a recommendation for employment has been made to the Board of Education. At this time, Duncan Public Schools is requiring that a clear background check be on file in order for you to gain employment.

I hereby authorize Duncan Public Schools to do a payroll deduction of \$25.00 from my first paycheck to pay for the background check.

Signature

Date

Duncan Public Schools

Sherry L. Labyer, Ed.D., Superintendent
Glenda Cobb, Assistant Superintendent

P.O. Box 1548
Duncan, OK 73534
Telephone Number: 580-255-0686
Fax Number: 580-252-2453

I, _____, give Duncan Public Schools my permission to list my

(please print name)

name on the board meeting agenda for the purpose of becoming an employee of Duncan
Public Schools.

Signature

Date