

EMPLOYMENT CONTINUED

2	Company/Organization	Telephone ()
	Address	Employed (month and year) From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Name of Supervisor (Indicate if self-employed)	Reason for Leaving
	Job Title and Duties Performed	

3	Company/Organization	Telephone ()
	Address	Employed (month and year) From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Name of Supervisor (Indicate if self-employed)	Reason for Leaving
	Job Title and Duties Performed	

4	Company/Organization	Telephone ()
	Address	Employed (month and year) From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
	Name of Supervisor (Indicate if self-employed)	Reason for Leaving
	Job Title and Duties Performed	

<p>May we contact the employers listed above in regard to your job performance? Yes () No ()</p> <p style="margin-left: 500px;">Specify _____</p> <p style="margin-left: 500px;">_____</p> <p style="margin-left: 500px;">_____</p>

SUMMARY OF EMPLOYMENT EXPERIENCE

- _____ 1. Total Years of Experience in Education (Teaching, Administrative, or Supervisory)
- _____ 2. Total Years of Experience in Related Field

TEACHER CERTIFICATION AND LICENSING

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

If yes, list the 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 ()

Note: Specific information regarding teaching certification may be obtained by contacting Vocational Teacher Certification, Oklahoma Department of Career and Technology Education, 1500 W. Seventh , Stillwater, OK 74074 Phone (405) 377-2000 or (800) 522-5810.

Are you licensed or certified by any trade or profession? Yes () No ()

If yes, indicate kind of license or certificate: _____

GENERAL INFORMATION

List any professional activities, skills, or other information that is pertinent to this application and the position applied for.

R E F E R E N C E S	Please list references who have knowledge of your work experience, education, and training.		
	NAME	ADDRESS	PHONE

May we contact the references listed above in regard to your job performance?	Yes ()	No ()
	Specify _____	

**S
I
G
N
A
T
U
R
E**

I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand, that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes () No ()
If yes, give complete detail:

Have you ever been convicted of a felony? Yes () No ()
If yes, indicate date and offense: _____

(Employment is subject to a felony record search.)

Date _____

Signature _____

THANK YOU FOR YOUR INTEREST IN AUTRY TECHNOLOGY CENTER

AUTRY
TECHNOLOGY CENTER
1201 W. Willow, Enid, OK 73703
www.autrytech.com

For Use by Administrative Personnel Only

Position _____

Date of Hire _____

Autry Technology Center
AN EQUAL OPPORTUNITY EMPLOYER