



Phone: 580.223.2070
Fax: 580.223.5561
www.sotech.edu

2610 Sam Noble Pkwy.
Ardmore, OK 73401

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY

Southern Oklahoma Technology Center District #20 dba Southern Tech does not discriminate with regard to race, color, religion, gender, national origin, age, marital or veteran status, disability or any other legally protected status.

To assure your application is properly evaluated it is essential that all of the questions be answered as carefully and completely as possible. If you need more space for your answers, please attach a separate sheet. You may also furnish a letter of interest and/or resume. Submit completed application via the mail, fax or in person to: Human Resources Department, Southern Tech, 2610 Sam Noble Parkway, Ardmore, OK 73401.

Specific Position Applied For: Date:

General Area(s) of Employment Interest: Full-Time Instructor Part-Time Adjunct Instructor Other

When Are You Available for Employment? Minimum Salary Acceptable:

PERSONAL DATA

Name: Last First Middle

Home Ph: Business Ph: Cell Ph:

Fax No: Email Address:

Present Address:

City: State: Zip:

Permanent Address:

City: State: Zip:

Have you filed an application here before? No Yes Date:

Have you ever been employed here before? No Yes Date:

Are there any time periods when you will not be available for work? No Yes

When? Please explain your answer:

Have you been convicted of a felony within the last 10 years? No Yes

If yes, explain:

EDUCATION

(Please attach copies of certifications, diplomas and transcripts)

Please attach a separate sheet of paper if you need additional space.

Complete Information Requested for Each Level of Education	School Name and Location <i>(City and State)</i>	No. of Years or Hours Completed	Type of Certificate <i>(Diploma, Degree and Major)</i>
High School			
College or University			
Military School(s), Apprenticeship or Other Technical Training Programs			

Computer Applications	<i>Please list any computer applications you can operate with proficiency.</i>
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EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions including military experience. Continue on a separate sheet of paper if you need additional space.*

Name of Employer: _____

Address of Employer: _____

Job Title: _____ Dates Employed: From _____ To _____
Month/Year Month/Year

Salary: _____ Supervisor: _____ Phone: _____

Fax: _____ Email: _____

Summary of Work Performed: _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

Job Title: _____ Dates Employed: From _____ To _____
Month/Year Month/Year

Salary: _____ Supervisor: _____ Phone: _____

Fax: _____ Email: _____

Summary of Work Performed: _____

Reason for Leaving: _____

EMPLOYMENT EXPERIENCE (*Continued*)

Name of Employer: _____

Address of Employer: _____

Job Title: _____ Dates Employed: From _____ To _____
Month/Year Month/Year

Salary: _____ Supervisor: _____ Phone: _____

Fax: _____ Email: _____

Summary of Work Performed: _____

Reason for Leaving: _____

Name of Employer: _____

Address of Employer: _____

Job Title: _____ Dates Employed: From _____ To _____
Month/Year Month/Year

Salary: _____ Supervisor: _____ Phone: _____

Fax: _____ Email: _____

Summary of Work Performed: _____

Reason for Leaving: _____

May we contact the above places of employment? No Yes

May we contact your current employer? No Yes

**Military Service - Credit for military service may be granted only with the presentation of serviceperson's Form DD214.*

PROFESSIONAL REFERENCES

*PLEASE DO NOT LIST RELATIVES.
(Business Associates and Supervisors preferred)*

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

How do you know this individual? _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

How do you know this individual? _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

How do you know this individual? _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

How do you know this individual? _____

TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? No Yes
(If so, attach a copy of your Oklahoma Teaching Certificate to the application.)

If you are applying for a full time instructor position and do not possess a Standard Teaching Certificate in Oklahoma, are you willing to work toward completion of the minimum requirements for your area of specialization? No Yes

If applying for a Bus Driver position, please list the type of CDL you hold and the applicable endorsements: _____

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

If yes, indicate kind of license or certificate: _____

Note: Specific information regarding teaching certification may be obtained by writing to: Career and Technology Teacher Certification, Oklahoma Department of Career and Technology Education, 1515 W. Seventh Ave., Stillwater, OK, 74074, Telephone: 405-377-2000.

AGREEMENT (Please Read Carefully)

I hereby affirm that all statements made herein are true and correct. I authorize Southern Oklahoma Technology Center District #20 dba Southern Tech to conduct whatever investigation it deems necessary to confirm information given on this application and in any interview. I understand and agree that any false or misleading information given or omission of fact shall be sufficient grounds for summary dismissal.

I authorize and request each former employer and person, school, firm or organization given as references, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application. I also certify that any person, agent, school, firm or organization who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person, agent, school, firm or organization from any and all liability as a result of furnishing such information.

I understand that certain positions may require that I undergo and successfully complete a post-offer of employment physical examination, drug test, job functionality testing, an Oklahoma State Bureau of Investigation (OSBI) background check, and/or a 3rd party vendor background check. These are required of all entering employees and any offer of employment, under these circumstances, will be conditioned upon the results.

I understand that the use of this application form does not guarantee that there are any positions available, and in no way obligates Southern Tech.

I understand that acceptance of any offer of employment does not create a contractual obligation upon Southern Tech to continue to employ me in the future.

Should I be employed, I agree to support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma and abide by all policies and procedures of Southern Tech.

Legal Signature of Applicant: _____ Date: _____

**Electronic Signatures in Global and National Commerce Act, a federal law, allows electronically signed documents to have the same legal integrity as documents bearing an ink signature.*

This application will remain active 120 days.

FOR SOTC ADMINISTRATIVE USE ONLY

Was applicant granted interview? No Yes If yes, what date? _____

Was an offer of employment made? No Yes

If the preceding answer was 'no', was applicant notified of who was awarded the position? No Yes

Was applicant hired? No Yes If yes, what date? _____

Signature: _____ Date: _____

SOUTHERN TECH APPLICANT DATA RECORD

To assist us in complying with government record keeping, periodic reporting, and other legal requirements, please supply the information requested below. This information will be kept confidential and private.

PLEASE PRINT

DATE _____ POSITION FOR WHICH YOU ARE APPLYING _____

Your Name: _____
Last First MI

Phone: _____

Address: _____
Number Street City State Zip Code

Referral Source:

___Advertisement ___Friend ___Relative ___Employment Agency ___Internet

The data you provide will be used for analysis and diversity purposes only and disclosure or failure to disclose this information will not adversely affect consideration of your employment.

This data sheet will be filed separately from your application.

Submission of this information is voluntary.

Please check one of the following: Male Female

Employee Race/Ethnic Group:

- Hispanic/Latino
- Asian:
- African American (Black):
- American Indian/Alaska Native: Tribe: _____
Enrolled (Card Carrying): ___No ___Yes
- Native Hawaiian or Other Pacific Islander
- Caucasian (White):
- Two or More Races not Hispanic/Latino
- Other/Unknown: Please specify: _____

Veteran Status: Veteran: ___Yes ___No

Southern Tech is an Equal Opportunity Employer and does not discriminate with regard to race, color, religion, gender, national origin, age, marital or veteran status, disability or any other class as protected by law.