

# GREAT PLAINS TECHNOLOGY CENTER

## School District No. 9

4500 WEST LEE BLVD.

LAWTON, OK 73505

### APPLICATION FOR EMPLOYMENT

#### EQUAL EMPLOYMENT OPPORTUNITY POLICY

Great Plains Technology Center considers all qualified applicants for each position and does not discriminate with regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition(s) or handicaps(s). This policy is followed in the operation of its education programs and activities, recruitment, admission, and employment practices.

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

When are you Available for Employment \_\_\_\_\_ Acceptable Minimum Salary \_\_\_\_\_

Referral Source:    ( ) Advertisement    ( ) Friend    ( ) Relative    ( ) Job Placement    ( ) Other

### PERSONAL DATA

Name _____					
	Last		First		Middle
Present Address _____					
	Number		Street	City	State      Zip Code
Permanent Address _____					
	Number		Street	City	State      Zip Code
Home Phone or Cell ( ) _____ Business Phone ( ) _____					
Have you filed an application here before?    ( ) No    ( ) Yes    Date: _____					
Have you ever been employed here before?    ( ) No    ( ) Yes    Date: _____					
Are you available to work?    ( ) Part-Time    ( ) Full-Time    Shift Work?    ( ) Yes    ( ) No					
Are there any periods during the year when you will not be available for work? __No__ Yes When? _____					
_____					
_____					

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

Complete information Requested for each Level of Education	School Name and Location City and State	Type of Certificate, Diploma, Degree & Major
High School		
College or University		
Military School(s), Apprenticeship, or other Trade or Training Programs		

**Please continue on a separate sheet of paper if you need additional space.**

## EMPLOYMENT EXPERIENCE

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

Dates Employed		Name and Address of Employment	Summary of Work Performed
From	Mo. ____ Year ____		
To	Mo. ____ Year ____		
Job Title:			
Supervisor			
Reason for Leaving			

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From	Mo. ____ Year ____		
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From	Mo. ____ Year ____		
To	Mo. ____ Year ____		
Job Title:			
Supervisor			
Reason for Leaving			

## EMPLOYMENT EXPERIENCE CONTINUED

Dates Employed		Name and Address of Employment	Summary of Work Performed
From	Mo. _____ Year _____		
To	Mo. _____ Year _____		
Job Title:			
Supervisor			
Reason for Leaving			

  

Dates Employed		Name and Address of Employment	Summary of Work Performed
From	Mo. _____ Year _____		
To	Mo. _____ Year _____		
Job Title:			
Supervisor			
Reason for Leaving			

## SUMMARY OF EMPLOYMENT EXPERIENCE

\_\_\_\_\_ 1. Total Years Experience in Education (Teaching, Administration, or Supervisory)

\_\_\_\_\_ 2. Total Years Experience in the Position Applied for

\_\_\_\_\_ 3. Total Years Experience in Business, Industry, Agriculture, or Military Services Related to Your Area of Specialization.

May we contact your present Employer for references? \_\_\_\_\_ Yes \_\_\_\_\_ No

## TEACHER CERTIFICATION AND LICENSING

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

If yes, list type, number, and expiration date of certification:

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you do not qualify for a standard Teaching Certification in Oklahoma are you willing to work toward completion of the minimum requirements for your area of Specification? ( ) Yes ( ) No

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

If yes, Indicate kind of license or certificate

Note: Specific information regarding teaching certification may be obtained by writing to Career and Technology Teaching Certification, Oklahoma Department of Career and Technology Education, 1500 West Seventh Avenue, Stillwater OK 74074 Telephone (405)377-2000.

**Attach a copy of your Oklahoma Teaching Certificate, license or certificate to this application.**

# GENERAL INFORMATION

List any professional activities or other information that is pertinent to this application and the position for which you are applying. Please continue on separate sheet of paper if you need additional space.

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# REFERENCES

Name	Address	City	State	Zip Code	Phone

# AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. The information is provided to acquaint the interviewer with my qualifications. I understand completion of this application does not constitute an offer of employment. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in my discharge. I further understand that I am required to abide by all laws, policies, rules and regulations of the Board of Education and Administration of Great Plains Technology Center District 9, the Oklahoma Department of Career and Technology Education and the State of Oklahoma. I authorize you to refer to any former employers or verify statements made.

Legal Signature of Applicant	Date

In order to comply with federal regulation 34 CFR 668.36 Campus Security Act , the Campus Crime Report for Great Plains Technology Center is available on our web site at [greatplains.edu](http://greatplains.edu) or a paper copy is located in the display racks throughout the campus. The report lists of the crime committed on Great Plains Campuses over a 3 year period and information/ policies regarding campus crime.

Job Applicant;

Great Plains Technology Center is a federal contractor subject to the requirements Executive Order 11246 as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974 as amended, and Section 503 of the Rehabilitation Act of 1973 as amended. These laws require federal contractors to take affirmative action to avoid discrimination based on gender, national origin, color, religion or race as well as to take affirmative action to employ and advance qualified disabled and protected veterans and qualified disabled individuals. In order for us make accurate reports to the federal government on the goals of our affirmative action plan, we need to know the "status" of job applicants with regard to these demographic categories, veteran status and disability status. According to the federal regulations, the preferred method for collecting this information is through "self-identification". The form provided on the following page will be used to document your status relative to these categories should you wish to disclose them to the school. ***The provision of this data is strictly voluntary and the information collected will be used only to comply with federal regulations related to federal contractor obligations. If you choose to not provide this information, you will be subject to no adverse action with regard to the employment process at Great Plains Technology Center.***

Please include the completed form with your application when you return it to the school. If you prefer not to provide this information, please provide your name at the top and initial the bottom of this form so that we may provide the federal government with accurate records.

The information you provide to the school on this form will be kept confidential. Once you return the application to the school, this form will be removed to a separate file to be used for federal recordkeeping purposes only. Neither the committee reviewing the applications for qualifications nor the interview committee will have access to this information.

A written copy of the Great Plains Technology Center Affirmative Action Program is available in the Superintendent's office should you care to review it. Please call Leah Fultz at 580.250.5673 between the hours of 8:00 am to 4:00 pm Monday through Friday for assistance in reviewing the plan or completing this form.

Thank you.



Clarence Fortney  
Superintendent

**Great Plains Technology Center  
Request for Applicant Demographic Data**

Position Applying For \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Gender            \_\_\_ Male  
                     \_\_\_ Female

Race/Ethnicity   \_\_\_ White  
                     \_\_\_ Black  
                     \_\_\_ American Indian  
                     \_\_\_ Asian  
                     \_\_\_ Hispanic/Latino  
                     \_\_\_ Native Hawaiian/Pacific Islander  
                     \_\_\_ Two or more Races

Veteran Status   \_\_\_ Special Disabled Veteran—See Definition on attached page  
                     \_\_\_ Veteran of the Vietnam Era—See Definition on attached page  
                     \_\_\_ Other Protected Veteran—See Definition on attached page  
                     \_\_\_ Not a qualifying veteran as listed above

Disability Status \_\_\_ Disabled  
                     \_\_\_ Not Disabled

My signature immediately below signifies that I understand that I have provided this information for federal compliance purposes only and that the school will not use this information for other purposes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ By initialing this line I certify that I decline to provide this information.  
(Please sign below.)

\_\_\_\_\_  
Applicant Signature

## Veteran's Status Definitions

As defined in Title 41 Chapter 61 Part 61-250.2 the following definitions apply to Veteran status:

**Special Disabled Veteran** means:

- i) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability:
  - a. Rated at 30 percent or more, or
  - b. Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 USC 3106 to have a serious employment handicap; or
- ii) A person who was discharged or released from active duty because of a service-connected disability.

**Veteran of the Vietnam era** means a veteran:

- i) Who served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed:
  - a. In the Republic of Vietnam between February 28, 1961, and May 7, 1975, or
  - b. Between August 5, 1964 and May 7, 1975 in any other location; or
- ii) Who was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability, if any part of such active duty was performed:
  - a. In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
  - b. Between August 5, 1964, and May 7, 1975, in any other location.

**Other protected veterans** means any other veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era.