



CHICKASHA PUBLIC SCHOOLS

Personnel Department
900 W. Choctaw Avenue
Chickasha, OK 73018
(405) 222-6500
www.chickasha.k12.ok.us

APPLICATION FOR ADMINISTRATIVE APPLICANTS

It is the policy of the Chickasha School District that the best qualified applicant shall be selected for each position without regard to race, color, religious belief, national origin, age, sex, handicap, marital, or veteran status.

REQUIRED APPLICATION MATERIAL

- Letter of application
- Resume
- Completed CPS application (Although this information may be repeated on a resume, complete all blanks)
- Copies of Oklahoma administrative certificate (if applicable)
- Copies of all university transcripts with degree(s) posted (if applicable)

PERSONAL DATA

Use legal name only

Last Name	First Name	MI	Social Security Number

Date of Application	Month	Day	Year	Date Available	Month	Day	Year
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PERMANENT ADDRESS

House Number, Street, P.O. Box, Apartment Number	City	State	Zip

TEMPORARY ADDRESS (if applicable) Please state length of time to be at this address

House Number, Street, P.O. Box, Apartment Number	City	State	Zip

E-Mail Address

Home Phone

<small>Area Code</small>	<small>Number</small>

Cell Phone

<small>Area Code</small>	<small>Number</small>

Work Phone

<small>Area Code</small>	<small>Number</small>

Indicate in this section the area(s) for which you wish to be considered for employment, you may check more than one area.

- | | |
|---|---|
| <input type="checkbox"/> Elementary Assistant Principal
<input type="checkbox"/> Elementary Principal
<input type="checkbox"/> Middle School Assistant Principal
<input type="checkbox"/> Middle School Principal
<input type="checkbox"/> High School Assistant Principal
<input type="checkbox"/> High School Principal
<input type="checkbox"/> Central Office Administrator: _____ (position) | Check certification held or for which you have completed all requirements.
<input type="checkbox"/> Superintendent
<input type="checkbox"/> Elementary Principal
<input type="checkbox"/> Secondary Principal |
|---|---|

List all professional organizations to which you now belong:

STUDENT TEACHING: DATE STARTED _____

Grade/Subject Taught	No. of Weeks	Name and Address of School	College Supervisor & Cooperating Teacher

PROFESSIONAL EXPERIENCE (Include teaching and administrative positions - list most recent first)

DATES		Name, Address and Zip of School District	Assignment/Job Title
From			
To			
Total Yrs			
Name of Principal/Supervisor		Final Year Salary	Reason For Leaving

DATES		Name, Address and Zip of School District	Assignment/Job Title
From			
To			
Total Yrs			
Name of Principal/Supervisor		Final Year Salary	Reason For Leaving

DATES		Name, Address and Zip of School District	Assignment/Job Title
From			
To			
Total Yrs			
Name of Principal/Supervisor		Final Year Salary	Reason For Leaving

OTHER EMPLOYMENT EXPERIENCE (Include all other employment history not listed above - list most recent first)

DATES		Name, Address and Zip of Past Employer	Assignment/Job Title
From			
To			
Total Yrs			
Name of Supervisor		Final Salary	Reason For Leaving

DATES		Name, Address and Zip of Past Employer	Assignment/Job Title
From			
To			
Total Yrs			
Name of Supervisor		Final Salary	Reason For Leaving

ACADEMIC OR PROFESSIONAL REFERENCES (List 3)

Name	Street Address	City, State, Zip	Area Code/Phone	Occupation

