



Deborah Brown Community School
2 South Elgin East Avenue
Tulsa, OK 74103

**DEBORAH BROWN COMMUNITY SCHOOL
EMPLOYMENT APPLICATION**

Position Applying For: _____

The Deborah Brown Community School is an equal opportunity employer. All employees and job applicants are guaranteed equality of employment opportunity. Deborah Brown Community School does not discriminate against any applicant on the basis of race, color, religion, sex, age, national origin, veteran status or disability.

1. Personal Information:

Applicants Full Name _____
Last First M.I. Maiden Name

Other Name(s) _____
Please provide any additional information relative to change of name, or nickname, necessary to enable a check on your work.

Present Mailing Address _____
Street City State Zip Code

Permanent Mailing Address _____
Street City State Zip Code

Telephone Number – Home () _____ Cell # () _____ Work () _____

Social Security Number is required on all applicants _____ DOB _____

2. Certification:

Type of Oklahoma Certification _____
Year of Expiration of Oklahoma Certification _____ Number _____
Other Certification _____

3. Education: College or University Training

School/College/University	Dates		Major Course of Study	Minor	Degree
	From	To			

4. Teaching Experience

School & Address, City, State	Position Held – Grades or Subjects Taught	Dates		Total Years
		From	To	

5. Work Experience

Employer	Address	Supervisor’s Name - Title	Telephone #	Date	
				From	To

6. Personal Background

Have you ever been suspended, discharged or requested to resign from a teaching position? Yes No
 Have you ever had a certificate or license revoked or suspended? Yes No
 Have you been convicted of any offense involving illegal sexual conduct, physical or sexual abuse or rape? Yes No
 Do you have any felony convictions? Yes No If yes, please explain. _____

7. References

Name	Address	Company/Title	Telephone #

I certify that the statements in this application are true, complete and not misleading to the best of my knowledge, and I authorize investigation of all statements contained herein. I hereby release from all liability any persons or organizations furnishing such information. I understand that I will be subject to disqualifications or dismissal if any statement in this application is found to be untrue.

Signature of Applicant _____ Date _____

DEBORAH BROWN COMMUNITY SCHOOL
APPLICANT DATA SHEET

Date _____ Date Available _____ Social Security Number _____

Name _____
Last First Middle

Address _____
Street City/State Zip Code

Home Phone _____ Cell # _____ Message # _____ Work # _____

Current Employer _____ Phone # _____ Salary _____ Per hour _____

Previous Employer _____ Phone # _____ Salary _____ Per hour _____

College or University _____ Graduation Date _____

Degree _____ Areas of Certification _____

_____ Total Years Educational Experience _____

Type of Certificate: Standard ____ Provisional ____ License ____ Emergency ____ None ____

Which of these instructional or management techniques/programs have you experienced. (Please Check)

- | | | |
|--|--|---|
| <input type="checkbox"/> Assertive Discipline | <input type="checkbox"/> Hands on Experience in Science | <input type="checkbox"/> Reading Program |
| <input type="checkbox"/> At Risk Student Models | <input type="checkbox"/> Integrated Instruction | <input type="checkbox"/> Study Skills Program |
| <input type="checkbox"/> Behavior Disorder Program | <input type="checkbox"/> Interdisciplinary Teaching | <input type="checkbox"/> Competency Based Instruction |
| <input type="checkbox"/> Literature Based Programs | <input type="checkbox"/> Thematic Units | <input type="checkbox"/> Computers as Instructional Tools |
| <input type="checkbox"/> Mastery Learning | <input type="checkbox"/> Total Quality Improvement | <input type="checkbox"/> Cooperative Learning |
| <input type="checkbox"/> Math Manipulators | <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> Crisis Prevention Training |
| <input type="checkbox"/> Positive Discipline | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> IDEA |
| <input type="checkbox"/> Pupil Accountability | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Student With Disabilities |
| <input type="checkbox"/> Child Find | <input type="checkbox"/> Oklahoma School Testing Program | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Suspension Procedures | <input type="checkbox"/> Safe Schools | <input type="checkbox"/> Cost Accounting System |
| <input type="checkbox"/> Open Record Act | <input type="checkbox"/> Other _____ | |