

Department of Human Resources
Certified and Support Information
Temporary Staff

Please download and complete the application and/or renewal and return it to Human Resources at the Education Service Center, 3027 S. New Haven.

For payroll purposes, we must have a copy of your Social Security card and one other form of identification (e.g., birth certificate, driver's license, or passport).

We will also need a copy of a High School diploma or a College transcript, if applicable. We will be glad to make any copies for you when you visit Human Resources with the application.

Keep the copy of Alternative Plan to Social Security. This plan is for all part-time/temporary employees. The employees' contributions to the Alternative Plan are a replacement for the social security tax that is normally withheld.

You must bring the completed form to Human Resources, 2nd floor, ESC. At that time you will complete your 2004 Form W-4 and Employment Eligibility Verification.

**TULSA PUBLIC SCHOOLS
TEMPORARY STAFF
DATA SHEET**

<input type="checkbox"/> Certified
<input type="checkbox"/> Support

<input type="checkbox"/> New Employee
<input type="checkbox"/> Renewal – Prior TPS employment in the last year

<input type="checkbox"/> Retiree/Okla. Teachers' Retirement System	<input type="checkbox"/> Tutors
<input type="checkbox"/> Grant Funding	<input type="checkbox"/> Reading Specialist
<input type="checkbox"/> Special Allocation	<input type="checkbox"/> 21 st Century
<input type="checkbox"/> VIP	<input type="checkbox"/> Lay Coach
<input type="checkbox"/> Homebound	<input type="checkbox"/> Other
<input type="checkbox"/> Volunteer or <input type="checkbox"/> Paid Employee	

Exact Position: _____
Site: _____

Date _____ Date Available for Employment _____

Name (Mr./Mrs./Ms.) _____
Last First Middle

Address _____
Street/PO Box City/State Zip

Telephone _____ Emergency Telephone _____

Social Security # _____ Cell Telephone _____

Type of Certificate (if applicable): Standard Provisional License Alternative None

Degree _____ Transcripts Attached _____

Areas of Certification _____ None _____

Diploma: High School GED College/University Hours _____

Do you have a teacher application on file? _____

School _____ Site Employed _____

I understand that my application will be active only for the above position.

FOR CERTIFICATED PERSONNEL USE:

Elementary School <input type="checkbox"/>	Reference <input type="checkbox"/>
Middle School <input type="checkbox"/>	Background <input type="checkbox"/>
High School <input type="checkbox"/>	Agenda <input type="checkbox"/>

New

Renewal

Input Date _____

I/I _____

Criminal History: Have you ever?

- | | | | | | | | |
|---|---|---|---|---|---|--|---|
| (a) Entered a plea of guilty or nolo contendere to a state or federal felony charge | Yes <input type="checkbox"/>
No <input type="checkbox"/> | (b) Been convicted of a state or federal felony offense | Yes <input type="checkbox"/>
No <input type="checkbox"/> | (c) Been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere | Yes <input type="checkbox"/>
No <input type="checkbox"/> | (d) Entered a plea of guilty or nolo contendere to, or been convicted of, a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity | Yes <input type="checkbox"/>
No <input type="checkbox"/> |
|---|---|---|---|---|---|--|---|

If yes to any of the above, please complete the following:

TYPE OF VIOLATION	DATE	PLACE (City, State)

Three Personal References:

COMPLETE MAILING ADDRESS AND ZIP CODE MUST BE INCLUDED. (Please do not use former employers or relatives.)
REFERENCES REQUESTED ARE CONFIDENTIAL AND BECOME THE PROPERTY OF TULSA PUBLIC SCHOOLS.

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

I hereby state that all information in this application is accurate and complete. I understand that if I am employed and any information in this application is false or incomplete, my employment can be terminated. All persons, firms and entities listed on this application are hereby authorized to release any information or records concerning me to TPS Human Resources. I release said persons, firms and entities from any liability as a result of furnishing such records and information.

Date _____

Signature of Applicant _____