

# Frederick Public Schools

817 N. 15<sup>th</sup> Street  
Frederick, OK 73542  
Ph. 580-335-5516 – Fax 580-335-2324



## Certified Teacher Application

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Teacher Certification #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Give the exact title, grade and teaching endorsements of the Oklahoma Certificate.

\_\_\_\_\_  
\_\_\_\_\_

Please List all Oklahoma Certification Tests Passed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of School	Course of Study	Degree
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Employer References:			
Employer	Name of Supervisor	Address	Phone #

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The information in this application is true, correct and complete.

_____	_____
Signature	Date