



The Advanced Science and Technology Education Center  
ASTEC, Inc./ASTEC Charter Schools

*Employment Application Materials*

2401 NW 23<sup>rd</sup> Street, Suite 3  
Oklahoma City, OK 73107  
PH. 405.947.6272 FAX 405.947.0035  
[www.astec-inc.org](http://www.astec-inc.org)

Staff Position Application

Thank you for your interest in ASTEC Charter Schools. Please complete the following information and attach a cover letter and current resume. All new employees MUST have the following documents completed and in their file PRIOR to their first day of employment.

- \_\_\_\_\_ Application
- \_\_\_\_\_ Resume
- \_\_\_\_\_ Reference Sheet
- \_\_\_\_\_ 20\_\_ W-4
- \_\_\_\_\_ I-9
- \_\_\_\_\_ Copy of Drivers License
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Proof of clearance/National OSBI Background Check
- \_\_\_\_\_ Direct Deposit Form/cancelled check
- \_\_\_\_\_ 20\_\_ Signed Contract
- \_\_\_\_\_ 20\_\_ Signed Contract Calendar
- \_\_\_\_\_ Emergency Contact Information Sheet
- \_\_\_\_\_ General Notice of COBRA Continuation Rights

In addition, the following must be on file prior to September 1

- \_\_\_\_\_ Insurance Plan Choices
- \_\_\_\_\_ American Fidelity Plan Choices
- \_\_\_\_\_ Signed Payroll Deduction Authorization
- \_\_\_\_\_ Signed Employee Handbook and Technology Use Agreements

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

Position \_\_\_\_\_

Date of Application \_\_\_\_\_

## *Application for Employment – Staff Position*

NAME:	<i>Last</i>	<i>First</i>	<i>Middle</i>
PRESENT ADDRESS:	<i>Street</i>		<i>Apt. No.</i>
	<i>City</i>	<i>State</i>	<i>Zip</i>
PERMANENT ADDRESS:	<i>Street</i>		<i>Apt. No.</i>
	<i>City</i>	<i>State</i>	<i>Zip</i>
SOCIAL SECURITY NUMBER:	-   -	DAYTIME PHONE NUMBER:	(   )   -
TEACHING CERTIFICATE NUMBER:		E-MAIL ADDRESS:	@

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### *Work Experience*

POSITION	EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	
			<i>From</i>	<i>To</i>

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### *Military Experience*

BRANCH OF SERVICE	DATES OF SERVICE	LENGTH OF SERVICE MONTH/YEARS		HIGHEST RANK	TYPE OF DISCHARGE
		<i>From</i>	<i>To</i>		

INCLUDE A COPY OF DISCHARGE PAPERS

## *Awards and Professional Organizations*

DESCRIPTION OF AWARD OR PROFESSIONAL ORGANIZATIONS	DATES

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? YES \_\_\_ NO \_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED WITH ASTEC, INC.? YES \_\_\_ NO \_\_\_

WHAT LED YOU TO APPLY? (I.E. CAMPUS RECRUITING, OFFICE INTERVIEW, ETC.) \_\_\_\_\_

HOW MANY DAYS WERE YOU ABSENT FROM WORK LAST YEAR? \_\_\_\_\_ PRIMARY REASON \_\_\_\_\_

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF ANY OFFENSE RELATING TO THE POSSESSION OR DISTRIBUTION OF ILLEGAL DRUGS? YES \_\_\_ NO \_\_\_ IF YES, PROVIDE A COMPLETE EXPLANATION INCLUDING DATE OF PLEA OR CONVICTION, COUNTY, AND STATE OF PLEA OR CONVICTION, AND DISPOSITION OF PLEA OR CONVICTION.

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HAVE YOU EVER BEEN CONVICTED OF ANY OTHER FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC OFFENSES?  
YES \_\_\_ NO \_\_\_ IF YES, ATTACH AN EXPLANATION GIVING DATE, PLEASE, CHARGE, AND DISPOSITION.

NAME OF PERSON TO NOTIFY IN AN EMERGENCY _____ PHONE _____
ADDRESS _____