



# JAMES W. MOORE SERVICE AGREEMENT

Pride of Broken Arrow 2025

## Between

James W. Moore – Vendor 39097  
913 West School St. #304  
Chicago, IL 60657  
812-340-0227  
[Dancjim1@me.com](mailto:Dancjim1@me.com)

## And

Broken Arrow Public Schools  
701 S. Main  
Broken Arrow, OK 74012

## Overview

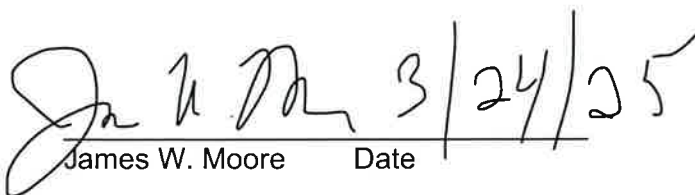
Compensation - \$17,000 all-inclusive for Pride 2025

## Terms and Conditions

Services will be provided as determined by Dr. Kelli Pence, Director of Bands for BAPS and James W. Moore. Compensation is all-inclusive and no expenses will be paid by Broken Arrow Public Schools. In the event James W. Moore fails to perform under the terms of this agreement as a result of events or circumstances outside of his control, such as illness, acts of nature, etc., James W. Moore agrees to offer services at a later date, providing such can be rescheduled. James W. Moore will notify BAPS immediately with any circumstances or event that will prevent him from performing under this agreement. Net 30 Payment

## Termination

This agreement shall be in effect from the date of signatures by James W. Moore and BAPS Board of Education President. Either party giving at least 15 days advanced notice may terminate this agreement.

 3/24/25  
James W. Moore Date

\_\_\_\_\_  
President, Date  
BAPS Board of Education



# Broken Arrow Public Schools Vendor Registration Form

Independent School District No. 3 | 701 S. Main Broken Arrow, OK 74012

This registration form to be completed by any person or company requesting payment from Broken Arrow Schools.

This includes: reimbursements, refunds, payments for goods and/or services, etc.

☐ New  
☒ Update

ID #

## Vendor Information

James W. Moore

Name (as shown on your income tax return)

Business Name/disregarded entity name (if different from above)

913 West School St. #304

Chicago, IL

60657

Address (number, street and apt. or suite no.):

City, State

Zip

## Check appropriate box for federal tax classification (required):

- ☐ Limited liability company: Enter tax classification (C=C corporation, S=S Corporation, P=partnership):
- ☒ Individual/sole proprietor ☐ Trust/estate ☐ C Corporation ☐ Other
- ☐ Partnership ☐ Exempt payee ☐ S Corporation

## Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided MUST match the name given on the 'Name' line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number

Employer Identification Number

223-29-03119

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☐ I acknowledge it is required for Commercial Vendors to provide an EIN (not a Social Security Number). If a Social Security Number is provided for a Commercial Vendor, this form cannot be processed.

## Vendor Questionnaire

1. Under what former name(s) has your business operated under during the past seven years?

2. Are you or any principal or partner of this business a current employee of Broken Arrow Schools or a relative of any employee or BAPS Board of Education member?

☐ Yes if Yes, please specify relationship

☒ No

3. Are you currently an active or retired member of the Oklahoma Teachers Retirement System?

☐ Yes ☒ No

4. Does your business accept purchase orders?

☐ Yes ☒ No

## Purchase Order Contact Information

James W. Moore

Contact Name for Orders

Phone

Mailing Address (number, street, and apt. or suite no.)

913 West School St. #304

City, State

Zip

Chicago IL

60657

Email address to send purchase order

Fax

## Remittance Information

James W. Moore

8123400227

Name to be printed on check

Phone

913 West School St. #304

Remittance Mailing Address (number, street, and apt. or suite no.)

Chicago IL

60657

City, State

Zip

Accounts Receivable Contact Name / email address

Fax

## Payments from Broken Arrow Public Schools

☒ I/We understand and agree to required payment terms from Broken Arrow Public Schools via a 3rd-party payor / Commerce Bank.

## Certification, Compliance and Agreement

Under penalties of perjury, I certify that the above information is correct and that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

By signing this vendor application form, you hereby agree to comply with the provisions of Title 70 O.S. §6-101.48 of the Oklahoma Statute incorporated herein by reference, which states that the vendor will not allow any employee of the entity, or of any subcontractor, to perform work or other contracted services on District premises if such employee is or has been convicted in this state, or another state, of any felony offense unless ten (10) years has elapsed, and is not currently registered under the Oklahoma Sex Offenders Registration Act or the Mary Ripley Violent Crime Offenders Act. Upon conviction for any violation of the provisions of this subsection, the violator shall be guilty of a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00). In addition, the violator may be liable for civil damages (57 O.S. 589). Vendor acknowledges BAPS is a tobacco-free and weapons-free workplace for all schools, buildings and grounds whether leased or owned by the District. The use of tobacco products or possession of a weapon while on any District grounds, in any District buildings, or in any District vehicle is prohibited.

IT IS A VIOLATION OF OKLAHOMA STATE LAW TO PROVIDE ANY GOOD(S) AND/OR SERVICE(S) PRIOR TO THE ISSUANCE OF A VALID PURCHASE ORDER.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

James W. Moore

Choreographer

Printed name of US person and vendor representative

Title

03/24/2025

Date

Signature (Must be authorized to sign an IRS W-9 form)

## CRIMINAL BACKGROUND CHECK

In compliance with Oklahoma Statutes (Title 70, Sections 122, 125, 135, and 140.1) which prohibit public schools from retaining or rehiring an individual with a felony conviction, Broken Arrow Public Schools ("BAPS") requires a criminal background check for purposes of making employment decisions.

I, James W. Moore, give Broken Arrow Public Schools permission to run a background check to obtain criminal information relating to me (if any) and/or to hire a reporting agency to run a background check to obtain criminal information relating to me (if any) contained in public records. Neither BAPS nor its agent(s) will be violating my right to privacy by conducting this background check, and I hereby release them from all liability whatsoever for actions related to this investigation. I further acknowledge that, if I am hired by BAPS, I may be subject to an annual random selection process for criminal history checks of ongoing BAPS employees, and I grant permission for these additional background checks.

James W. Moore

Print Name



Signature

03/24/25

Date

# CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

J	a	m	e	s					
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Applicant's First Name

M	o	o	r	e														
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Last Name

I understand that Broken Arrow Public Schools (BAPS) will utilize the services of SELECT FORCE, INC (agent) as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, BAPS may obtain further information through subsequent investigations by designated agent(s) so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and education and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to federal, state, and/or county criminal records without any time limitations subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or whom may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. I further understand that the scope of a consumer report/investigative consumer report may include, but is not limited to, verification of Social Security Number, employment history, references, education attained, motor vehicle records including traffic citations and registration and any other public records.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five (5) days after BAPS receives my request or five (5) days after the investigative consumer report was requested, whichever is later.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act. I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify BAPS within five (5) business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with BAPS/designated agent and advise BAPS as to the basis of my challenge. In exchange for BAPS' consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against designated agent(s) for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against BAPS or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request. I hereby consent to this investigation and authorize BAPS to procure a consumer report and/or investigative consumer report on my background as stated above from designated agent(s). In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information in this packet for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.



# CONSENT AND DISCLOSURE FOR CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT

J a m e s

First Name

W

Middle Name or Initial

M o o r e

Last Name

0 4 0 9 1 9 6 9

Date of Birth (MMDDYYYY)

J i m

Other Names Known By



Male



Female

2 2 3 2 9 0 3 1 9

Social Security Number

8 1 2 3 4 0 0 2 2 7

Primary Telephone (no dashes)

9 1 3 w e s t S c h o o l s t

Current Address

3 0 4

Apt #

0

# Years at this address

C h i c a g o

City

I L

State

6 0 6 5 7

Zip Code

3 3 0 w e s t d i v e r s e y

Previous Address

9 1 8

Apt #

0

# Years at this address

C h i c a g o

City

I L

State

6 0 6 5 7

Zip Code

H 0 1 3 0 2 8 0 5

Driver's License Number (no dashes)

H I

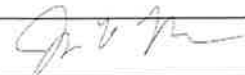
License State

0 4 0 9 2 0 2 8

Expiration Date

D a n c j i m 1 @ m e . c o m

Email Address



Signature

0 3 2 4 2 0 2 5

Today's Date (MMDDYYYY)