

Certified Application Form

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Holdenville Public Schools
210 Grimes Street Holdenville, OK 74848
Phone 405.379. 5483

Name: _____

Date: _____ Position Desired: _____ Birth Date: _____

Full Mailing Address: _____

Social Security Number: _____ Telephone Number: _____

Certificate Type: _____ Certificate Number: _____ Expires: _____

TEACHING EXPERIENCE

IN THIS DISTRICT	OTHER OK DISTRICTS	MILITARY	OUT OF STATE	TOTAL YEARS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION

Name of High School, College and/or University - City and State

HIGH SCHOOL	DEGREE EARNED	# OF YEARS COMPLETED	GRADUATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COLLEGE	DEGREE EARNED	# OF YEARS COMPLETED	GRADUATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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OTHER	DEGREE EARNED	# OF YEARS COMPLETED	GRADUATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you related to any present school employee?

YES NO

List name of person and relationship: _____

Have you ever been convicted of a felony or misdemeanor involving a crime with a child?

YES NO

Give explanation: _____

Have you been treated by a physician within the past five years?

YES NO

Give explanation: _____

Do you have a physical disability or handicap that might prevent you from performing the duties of this position for which you are applying?

YES NO

Give explanation: _____

EMPLOYMENT HISTORY

Please begin with the most recent position.

DATE: From: _____ To: _____ Employer _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Duties _____ Salary \$ _____

Reason For Leaving: _____

DATE: From: _____ To: _____ Employer _____

Address _____ City _____ State _____ Zip _____

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Job Title _____ Duties _____ Salary \$ _____

Reason For Leaving: _____

DATE: From: _____ To: _____ Employer _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Duties _____ Salary \$ _____

Reason For Leaving: _____

REFERENCES:

List Two References Other Than Employees and/or Relatives

Name of Reference: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

Name of Reference: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

All information contained in the above application is accurate. I give my permission for Holdenville Public Schools to discuss all information concerning my employment history with previous employers and potential employers.

Signature of Applicant: _____ Date: _____

The Holdenville School District 32 I-35 hereby gives notice that they do not discriminate on the basis of race, color, national origin, sex, veteran or qualified handicap in the educational programs or activities they operate. The school district complies with federal and state regulations for implementing Title VI, Title IX and Section 504. Non-discrimination is practiced both in employment and in admission of students to school programs.

Students or employees who have complaints of discrimination based on race, color, national origin, sex, veteran or qualified handicap should direct them to the official assigned to investigate such allegations. Personnel Officer, 210 Grimes, Holdenville, OK 74848. Phone: (405) 379-5483 Fax: (405) 379-5874