Holland Independent School District P O Box 217 Holland, TX 76534-0217

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

Date of application	So	Social Security Number				
Name		<u> </u>				
Last	First		Middle			
Mailing address						
Street/Box	uo o ala a d	City	State	ZIP Code		
Other address where you may be						
Work phone		Home phone				
Other name that may appear on r	records	cation, reference, and criminal hi				
	Used for certific	cation, reference, and criminal ni	story record checks)			
Have you been employed by Hol If you answered yes, provide date						
Education						
Check the highest level of education	tion attained:					
High school graduate	GED					
Less than two years of coll		more years of college				
Bachelor's degree Other training or education:	IVIASICI	s degree				
Other training of education.						
Certification						
List any certifications/license hel	ld:					
Work Experience						
List work experience beginning						
Name & location of	Type of assignment	Dates Employed	Reason for	leaving		
company						
+						
				- <u></u>		

Availability: Please list the days you	u are available to s	substitute.		
Day(s) of week:		_	_	_
•	wing: □Monday	□Tuesday □Wed	nesday Thursday	□Friday
Comments:				
Texas Teacher Retir	ement:			
Are you receiving Tex	as Teacher Retire	nent (TRS) benefits?	□Yes □No	
(The amount of time that governed by TRS rules		ving TRS benefits may be	employed without affect	ting benefits is
General Informatio	n			
		guilty or no contest (nol		
•	•	a felony or any offense	· · · · · ·	~
		vindling, and indecency	with a minor)?	Yes □No
If yes, please state who	ere, when, and the	nature of the offense		
between the offense and the		employment. The district wil ou are applying.)	l consider the nature, date,	and relationship
References: Reference full name	Company	Mailing address	Area code &	Position/title
Reference full flame	Name	Wiaming address	phone	1 osition/title
			number	
Verification:				
I hereby affirm that all		ided in this application is		
I hereby affirm that all knowledge and unders	tand that any delib	perate falsifications, mis	representations, or om	issions of fact
I hereby affirm that all knowledge and unders may be grounds for rej	tand that any delib jection of my appl	perate falsifications, mis ication or dismissal from	representations, or om n subsequent employm	issions of fact nent. I authorize
I hereby affirm that all knowledge and unders may be grounds for rej the references listed or	tand that any delib jection of my appl n the previous pag	perate falsifications, mis	representations, or om n subsequent employm l information concerni	issions of fact nent. I authorize ng my previous
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This application becomes the property of the district. The district reserves the right to accept or reject it.