

CERTIFICATE: List any current teaching and administrative certificates held and indicate states in which they are valid. If you have ever had a certificate/license revoked, please explain the circumstances on a separate sheet of paper.

Certificate	Expiration Date	State
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If you do not hold a Montana certificate, proof of application must be provided before your application can be processed. Write to the Director of Certification, State Department of Public Instruction, Helena, MT 59601, regarding your eligibility for a Montana certificate. Furnish information to this office regarding certification as soon as you receive it from the State Department. Livingston School District does not assume any responsibility for your certificate. **Failure to register your teaching certificate in the Office of the County Superintendent of Schools within the first sixty days of employment will result in the District holding any further wages until your certificate is so registered.**

Please state the reason for leaving your last position: _____

If included as a finalist, I authorize personal contact with the following sources to discuss my professional qualifications:

- | | | | | |
|-----------------------|--------------------------|-----|--------------------------|----|
| A. References | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| B. Board of Education | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| C. Community | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| D. Professional Staff | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

PERSONAL REFERENCES:

Name/Position

Telephone

I certify that all information given on this application is true and complete. I also authorize investigation of all statements contained in this application. I hereby guarantee the validity of the above statements. I understand that making false, incomplete or misleading statements shall be sufficient cause for dismissal.

The attached Authorization to Release Information form must be completed and returned with this application. In order to help evaluate your potential for serving as an administrator in the Livingston School District, **please attach a 500 word autobiographical sketch covering your professional career, as well as your long range professional goals.**

Signature

Date

Livingston Public Schools is an equal opportunity employer and does not discriminate in education or employment because of sex, race, color, creed, religion, national origin, age, physical or mental handicap, political belief, marital or parental status. (Board Policy 5010).