

Montana Joint Application for Certified Teaching Employment

The following joint application may be used for participating Montana School Districts. However, each district may require additional information from its applicants. *Please contact the individual school districts for any specific information needs. Applicants are responsible for contacting and sending applications to each and every school district to which they wish to apply.*

For your application to be complete you must also print out an "Authorization to Release Information" sheet and have the entire application notarized. If the school district to which you are applying requires fingerprinting of applicants, please fill out and return a Fingerprint Background Check Form with your application materials. Individuals wishing to claim Veteran's Employment Preference must print out, read, complete, sign and submit the Veteran's Employment Preference Form to the school district along with your application.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

Instructions and Information

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated.

- In addition to the completed and signed form, please provide the following additional information:
 1. A letter of application specifying the applied-for position
 2. Professional resume which includes academic preparation, experience and other specifically related qualifications
 3. Copies of transcripts of all college or university credits to date (official transcripts required upon hire)
 4. College placement file/papers and/or letters of recommendation (minimum of three)
 5. Evidence of Montana certification/licensure
- An application may be submitted in person, by mail, or by fax. Applications must be received by the final filing date. Postmarks are not accepted.
- Photocopies may be submitted in place of an original application.
- Applications and supporting materials will not be returned.
- Each individual district may have specific record keeping requirements. Districts may or may not keep or be willing to reactivate files for future applications. Please check with the specific district concerning reactivation. For example, some districts will keep a complete application file for two years but will require a letter of application for a specific position requesting reactivation during that time.
- Some districts require final candidates to be background checked as well as pay for their own background check. Candidates should contact applicable districts to determine background check status.
- Finalist candidates will be contacted by the district.

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () Previous Name(s)
Other
Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Information

Specific Position for which you are applying:

Other Positions in which you are interested or for which you qualify:

Coaching/Advising Interests and Experience:

Do you hold a valid Montana Certificate? YES NO If yes, Folio #: Class: Level:
Grades covered by your certificate: K-8 5-12 7-12 K-12 Expiration Date:

(If applicable):

Major area of Preparation/endorsements:

Minor area of Preparation/Endorsements

(Special Ed): License #:
Do you hold a Montana License? YES NO If yes, Expiration Date:

Please answer the following questions:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? YES NO

Have you ever been released or discharged from employment or resigned to avoid such release or discharge? YES NO

If yes, please explain, include date of discharge or resignation and reason for discharge or resignation:

I hereby certify that (check the applicable box and provide the information requested):

I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).

I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment).

Additional Pertinent Information, Qualifications, Certificates:

REFERENCES:

Please list current information for at least three and no more than five references below

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

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Company: _____ Phone: ()
Address: _____

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Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

EDUCATION HISTORY:

University/College	Location	Subject	Degree	Year	GPA
1.					
2.					
3.					
4.					
5.					
6.					

Credits completed beyond attainment of teaching certification (note whether semester or quarter credits):

Undergraduate
Graduate

EMPLOYMENT RECORD:

List your present or most recent employer. Describe your employment history, accounting for all time during at least the last 15 years. You may include volunteer and paid experience. **DO NOT substitute a resume.** You may attach additional information.

Do you wish to be notified before we contact your current or previous employers? YES NO

Employer: _____ Phone: () _____
Address: _____ Immediate supervisor and title: _____
Your Job
Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Do you wish to be notified before we contact your current or previous employers? YES NO

Employer: _____ Phone: () _____
Address: _____ Immediate supervisor and title: _____
Your Job
Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Do you wish to be notified before we contact your current or previous employers? YES NO

Employer: _____ Phone: () _____
Address: _____ Immediate supervisor and title: _____
Your Job
Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Do you wish to be notified before we contact your current or previous employers? YES NO

Employer: _____ Phone: () _____
Address: _____ Immediate supervisor and title: _____
Your Job
Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Do you wish to be notified before we contact your current or previous employers?

YES NO

Employer: _____ Phone: ()
Address: _____ Immediate
Your Job _____ supervisor and title:
Title: _____ Starting Salary: \$ _____ Ending Salary: \$
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position):

Do you wish to be notified before we contact your current or previous employers?

YES NO

Employer: _____ Phone: ()
Address: _____ Immediate
Your Job _____ supervisor and title:
Title: _____ Starting Salary: \$ _____ Ending Salary: \$
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position):

Do you wish to be notified before we contact your current or previous employers?

YES NO

Employer: _____ Phone: ()
Address: _____ Immediate
Your Job _____ supervisor and title:
Title: _____ Starting Salary: \$ _____ Ending Salary: \$
From: _____ To: _____ Reason for Leaving: _____
Job Duties (brief statement - be sure to list all duties related to this position):

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain:

Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Proof of Employability, TB Test

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of verification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test within the past year. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

Authorization to Release Employment Records

If employed by a participating school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

Each of the participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the above policies of employment.

Candidate's Signature: _____ Date: _____

Affirmative Action Information

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the applicable school district office/s.

Date: Male Female Age: Position applied for:

Ethnic Group

Check one of the following:

- ALASKA NATIVE - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- AMERICAN INDIAN - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN AMERICAN - A person having origins in any of the original people of the Indian Subcontinent, the Pacific Islands, or the Far East: For example, China, Japan, Korea.
- BLACK - (not of Hispanic origin) - A person having origins in any of the black racial groups of Africa.
- FILIPINO - A person having origins in any of the original peoples of the Philippine Islands.
- SPANISH AMERICAN - A person of Mexican, Puerto Rican, Cuban, Central or South America or any other Spanish culture or origin regardless of race.
- WHITE - (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- OTHER - Please specify: