Application for Certified Staff

Name: Home Phone: Other Phone:

Address:

City: State: Zip Code:

1. Do you hold a valid Montana Teaching License or the ability to obtain one?

Folio #: Class: Level:

**Education**

University Major Minor Degree Date Completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Teaching / Administrative and Professional Experience**

Dates Position Location Contact Person / Phone Number

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Have you ever been denied a teaching certificate/license or had your teaching certificate/ license suspended or revoked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain:

1. Are you legally authorized to work in the United States of America? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever pleaded guilty or been convicted of any violation of criminal law? \_\_\_\_\_\_\_\_\_\_\_

If Yes, please explain:

Conviction of a crime is not an automatic bar to employment. The District will consider the nature of the offense and the relationship between the offense and the position for which you are applying.

1. Have you ever been involuntarily terminated from employment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please give the name of the employer, the date, and the reason for the termination:

1. Do you have a current test for tuberculosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you claiming preference under the Montana Veteran’s Employment Preference Act? \_\_\_\_\_

(To claim Veteran’s Employment Preference, you must be a U.S. Citizen and veteran, a disabled veteran, the spouse of a disabled veteran, the unremarried surviving spouse of a veteran or disabled veteran, and/or mother of a veteran if the veteran died under honorable conditions while serving in the Armed Forces and your spouse is totally and permanently disabled.)

The Veteran’s Employment Preference provides the addition of 5% points or 10% points to a score when a numerically scored selection procedure is used.

You must present verification of your veteran status at the interview by presenting the DD-214 form or other verification.

**Employment Record**

**(**Please list your present or most recent employers first**)**

Employer Telephone Number

 From: To:

Address Employed (Month / Year)

Name of Supervisor Your Position

Reason for Leaving

Employer Telephone Number

 From: To:

Address Employed (Month / Year)

Name of Supervisor Your Position

Reason for Leaving

Employer Telephone Number

 From: To:

Address Employed (Month / Year)

Name of Supervisor Your Position

Reason for Leaving

**May we contact your present employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A physical may be required before beginning work. School District #15 does not discriminate on the basis of a non-disqualifying handicap.

In applying, I grant Custer School District #15 the right to make a thorough investigation of my employment record and employment related activities. I further agree to cooperate in such investigation by agreeing to be fingerprinted if employed. I understand that material misrepresentation of any fact herein shall be grounds for refusal to hire and also termination of my employment if hired.

Applicant’s Signature Date

**To complete your application, please submit the following:**

1. **Application letter**
2. **Resume**
3. **Transcripts**
4. **3 Letters of Recommendation**
5. **And / or University Placement File (If file is to be submitted, please make sure that all of the above items are included either in file or submitted separately)**

Please mail your completed application to:

 Dr. David P. Perkins, Supt.

Custer School District #15

 PO Box 69

 Custer, MT 59024