

WHITEFISH SCHOOL DISTRICT NO. 44
600 East Second Street
Whitefish, MT 59937
(406) 862-8640

CERTIFIED APPLICATION

FOR DISTRICT USE ONLY

Date Application Received: _____
Application Material Received: _____
1. Letter of Application _____
2. Resume _____
3. Autobiography _____
4. MT Certificate _____
5. Transcripts _____
6. Placement File _____

NAME _____
(Last) (First) (Middle Initial)

PRESENT ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _(____)_____

PERMANENT ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _(____)_____

SOCIAL SECURITY NUMBER: _____

For Which Position(s) Are You Applying:

1. _____

2. _____

TO THE APPLICANT:
After completing this form return to:
Office of the Superintendent
Whitefish School District No. 44
600 East Second Street
Whitefish, MT 59937

We welcome you as an applicant for employment with Whitefish School District No. 44. It is our policy and intent to provide equal opportunity in employment for all persons. This policy prohibits discrimination on the basis of race, color, religion, sex, age, marital status, national origin, political affiliation, or handicap. The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

COMPLETED EDUCATION:

<i>Name and Location of School</i>	<i>Completed Degree</i>	<i>Quarter or Semester Hrs</i>	<i>CUM GPA</i>

**Note: Please convert semester hours to quarter hours (semester x 1.5)*

<i>Subjects</i>	<i>Quarter Hours</i>	<i>GPA</i>
<i>Major:</i>		
<i>Minor:</i>		

Additional Graduate Credits Taken Since Last Completed Education Degree _____

STUDENT TEACHING EXPERIENCE (beginning teachers only):

Name and Location of School _____

Telephone Number _____ *Dates* _____

Level and Subject(s) _____

EXTRA-CURRICULAR PARTICIPATION

Are you willing to attend and supervise school activities as assigned? _____ Please indicate area(s) where you have experience or ability to assist in extra-curricular or co-curricular programs. This includes such areas as music, speech/debate, publications, athletics or elementary activities.

1. _____ 2. _____ 3. _____

CURRENT EMPLOYMENT STATUS:

Are you presently under contract _____ *If so, where?* _____

Work Phone Number _____ *May we contact your current employer?* _____

If no, please explain: _____

ATTENDANCE:

Day(s) absent from work: Last Year _____ *Year Before Last* _____

TEACHING EXPERIENCE: Do not list substitute teaching, aide work or student teaching. List only contracted teaching. Must be completed. Do not write "SEE RESUME."

NAME AND LOCATION OF SCHOOL	DATES	NUMBER OF YEARS	GRADE & SUBJECTS TAUGHT	EXTRA-CURRICULAR ASSIGNMENTS
_____ Phone: _____				
_____ Phone: _____				
_____ Phone: _____				
_____ Phone: _____				

TOTAL YEARS OF CERTIFIED/FULL-TIME EDUCATIONAL SERVICE: _____
(Do not include other than full-time)

CERTIFICATION:
Do you hold a valid Montana Teaching Certificate? Yes _____ No _____ Folio Number _____

Class of Certificate _____ Level of Certificate _____ Expiration Date _____

Endorsements _____

If you do not hold a Montana Certificate, proof of application for certification must accompany this application or your application will not be processed. Write to the Director of Certification, Office of Public Instruction, State Capitol, Helena, Montana 59620.

VETERAN'S PREFERENCE:
Are you claiming Veteran's Preference under MCA 39-29-112; IMP.39-29-101 et. seg. MCA? Yes _____ No _____

Branch of Service _____ Date of Service _____

Military Duties: _____ Discharge Status: _____

REFERENCES:

Give as references, persons who are qualified to attest to your fitness for the position you seek. Include person(s) with whom you have taught and those who know your ability and character. Do not write "Refer to my credentials."

<i>Name and Title of Reference</i>	<i>Name & Address of Business or School</i>	<i>Telephone Number</i>

CRIMINAL HISTORY:

Since you are applying for a position that involves working with children, you must complete the following section:

Have you ever gone by any other name(s)? If so, please list: _____

Have you ever been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, contributing to the delinquency of minors, extortion, blackmail, coercion or any crime that involves drugs? _____ If yes, please explain nature of crime, place and date: _____

Since you are applying for a position that may involve handling money or school district property, you must complete the following section:

Have you ever been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail or coercion? _____ If yes, please explain nature of crime, place and date: _____

IMPORTANT:

Application will **NOT** be considered unless all information is on file. It is your responsibility to request your school of record to forward a transcript and placement file (if placement file is unavailable, a minimum of three current letters of recommendation); further, all information on application should be accurate and complete. A five hundred (500) word autobiographical sketch covering your professional career is required, along with a formal letter of application, resume and a copy of your teaching certificate.

I hereby authorize Whitefish School District No. 44 to inquire as to my record with any and all of my references and my former and/or current employers or with any other sources deemed appropriate by the School District with no liability arising therefrom. I guarantee the correctness of this application. The making of any false statement herein will be sufficient cause for dismissal. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature: _____ Date: _____

Note: Only finalists will be notified of their screening status. Should you desire your transcript(s) returned, you must provide a self-addressed, stamped envelope.