



Whitefish School District 44

600 East 2nd St. Whitefish, Mt 59937

District Office (406) 862-8640 • FAX (406) 862-1507

APPLICATION FOR ADMINISTRATIVE EMPLOYMENT

DATE OF APPLICATION: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

PERSONAL INFORMATION				
Last Name		First Name		MI
Other Names Used		Social Security No.		
Temporary Address		City	State	Zip
Permanent Address		City	State	Zip
Telephone	Message Number		Email	

CERTIFICATION AND ENDORSEMENTS				
Type	Number	Date Issued	Expiration Date	Endorsements

EDUCATION

EDUCATION AND TRAINING (List most recent first)						
Name of Institute City, State	Dates Attended Mo/Yr to Mo/Yr	Degree	Date of Degree	Major	Minor	GPA

PROFESSIONAL PREPARATION (Please check all that apply and indicate your preparation)

	Dates	Indicate preparation/experience
Reading/Literacy Instruction		
Writing Processes		
Mathematics Instruction		
Science Instruction		
Differentiated Instruction		
Cultural Competence and Responsiveness		
Assessment: progress, diagnostic, screening, monitoring, outcome		
Classroom Based Assessments: Social Studies, Arts, Health/Fitness		
Special Populations: Gifted, Special Education, 504 Accommodations		
Instructional Leadership		
Teacher Leadership		
Teacher Evaluation/Supervision		
Curriculum / Program Development		
State Standards: GLEs, Curriculum Alignment, other		
Higher Order Thinking		
Technology		
Legal Issues		
Financial/Budget		

EMPLOYMENT EXPERIENCE (List most recent experience first)**CERTIFICATED EXPERIENCE**

District Name Phone Number	Address City, State, Zip	Dates Mo/Yr to Mo/Yr	Position Title	Reason for Leaving

OTHER EMPLOYMENT EXPERIENCE

Employer Phone Number	Address City, State, Zip	Dates Mo/Yr to Mo/Yr	Position Title	Reason for Leaving

MILITARY EXPERIENCE

Branch of Service	Duties	Dates Mo/Yr to Mo/Yr	Total Years

REFERENCES		
Name	Position / Relationship	
Address , City, State	Zip	Telephone Home: Business:

Name	Position / Relationship	
Address , City, State	Zip	Telephone Home: Business:

Name	Position / Relationship	
Address , City, State	Zip	Telephone Home: Business:

Name	Position / Relationship	
Address , City, State	Zip	Telephone Home: Business:

- I hereby authorize the Whitefish School District to make any investigation of my personal or employment history and authorize any former employer, person or organization to give Whitefish School District any information regarding me. I release the Whitefish School District, its employees and/or agents and all providers of information from any liability as a result of furnishing and receiving this information.
- I certify that the information presented in this application is true and complete to the best of my knowledge, and I have read and understand that I have authorized the district to conduct reference checks. I further agree that if I am employed, I will provide verification of my certification, education, and experience. I understand if I am employed, false statements on this application may be cause for dismissal.
- Veteran's Preference: Are you claiming Veteran's Preference YES _____ NO _____
under MCA 39-29.112: IMP.39.29-101 et. seg. MCA.

Signature _____ Date _____

**WHITEFISH SCHOOL DISTRICT MAINTAINS A DRUG-FREE, ALCOHOL-FREE WORKPLACE AND
TOBACCO- FREE ENVIRONMENT**

Whitefish School District is an Equal Opportunity Employer

The ~~K \ J \ Z \ g \~~ **Whitefish School District** complies with all federal and state rules and regulations and does not discriminate on the basis of race, color, national origin, creed, sex, sexual orientation, including gender identity, disability, familial status, marital status, age or Viet Nam and more recent military action veteran status. This holds true for all district employment and opportunities. Inquiries regarding compliance and /or grievance procedures may be directed to the school district's Title IX compliance officer and/or Section 504/ADA coordinator.