

Application for Certified Teaching Employment

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, it is recommended that one letter be from a current supervisor)
 5. Evidence of Montana certification/licensure
 6. Signed 'Consent to Fingerprint Background Check' form
- An application may be submitted in person, by mail, digital upload to website, 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.

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 #: YES ☐ NO ☐ If yes, Expiration Date:
Do you hold a Montana License?

Please answer the following questions:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been released or discharged from employment or resigned to avoid such release or discharge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>

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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Address: _____

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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:

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YES ☐ NO ☐

Employer:

Phone: ()

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YES ☐ NO ☐

Employer:

Phone: ()

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Title:

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Ending Salary:

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To:

Reason for Leaving:

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YES ☐ NO ☐

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Phone: ()

Address:

Immediate
supervisor and title:

Your Job

Title:

Starting Salary:

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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):

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Equal Opportunity Employer

Whitehall 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

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.

Authorization to Release Employment Records

If employed by Whitehall 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

Whitehall School District has 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: