

Ekalaka Public Schools

PO Box 458

Ekalaka, MT 59324

Phone (406)775-8767 Fax (406) 775-8766

For Office Use Only:

Date Received: _____

Date Interviewed: _____

Initials: _____

APPLICATION FOR EMPLOYMENT FOR CERTIFIED POSITIONS

PERSONAL:

Name:	Last:	First:	Middle:
Mailing Address:	Street:	City:	State/Zip:
Phone Numbers:	1	2	3

Do you have immediate family members employed by Ekalaka Public Schools? ___ Yes ___ No

Are you certified in the State of Montana? ___ Yes ___ No

If yes, what area?

Are you a U.S. Citizen? _____ Yes _____ No

I have _____ or have not _____ been convicted or adjudicated of any crime in any jurisdiction besides minor traffic violations. (If you responded with "I have" please attach a complete description of circumstances of crimes for which you have been convicted or adjudicated.)

List your teaching experience.

1

2

3

4

List, in order of preference, the grade levels or subjects you prefer to teach:

1

2

3

4

Would you be willing to coach or serve as an advisor to a group or groups? Which areas do you have experience coaching/advising?

Have you ever had a contract non-renewed? If yes, why?

Are you under contract to another school system at the present time? Yes No

If yes, a release must be obtained before an offer can be made to you.

If contracted, when could you begin work?

REFERENCES: (Please list references who may be contacted regarding your past work performance and job experience.)

Name	Phone
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Address:

Name	Phone
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Address:

Name	Phone
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Address:

Transcripts and recommendations must be forwarded to our office as soon as possible. No action will be taken on your application without them. Most placement offices do not include transcripts with recommendations.

SIGNATURE and AUTHORIZATION

I hereby authorize Ekalaka Public Schools to inquire as to my record with any and all of my former and current employers or references with no liability arising therefrom. I guarantee the correctness of this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature of Applicant:

Date: