

**Twin Bridges Public Schools
School District No. 7
INFORMATION TO APPLICANTS FOR CERTIFIED POSITION**

Thank you for your interest in the Twin Bridges Public Schools. The following outline describes the procedures for filing an application for a certified position in School District No. 7.

APPLICATION PROCEDURE

A complete application must include the following documents. All materials must be received by the advertised deadline.

1. **Letter of Application**
2. **District Application**
3. **Resume**
4. **Placement File:** Placement file should include letters of recommendation. Experienced teachers should include recommendations from all administrators. Inexperienced teachers should include recommendations from student teaching supervisors and cooperating teachers.
5. **Transcripts of Credits:** A copy of your transcripts will suffice, but an official transcript will be required before a contract is offered.
6. **Montana Educator License:** A copy of your Montana Educator License or evidence of eligibility for Montana Certification.
7. **Fingerprint Background Check:** To be provided upon employment.
8. **TB Test:** To be provided upon employment.

Contact: Tara Metully-Rhea
Business Manager
James Baldwin
Superintendent
School District No. 7
PO Box 419
Twin Bridges, MT 59754
(406) 684 – 5657

Twin Bridges Public Schools District #7

PO Box 419
Twin Bridges, MT 59754
Phone: (406) 684 - 5657
Fax: (406) 684 - 5458

Certified Staff Application

This application must be completed in full. We will not accept "see resume". All statements are subject to verification. **Keep a copy of your completed application and attachments as they will not be returned.** This application may be subject to public disclosure. The application and all accompanying material will be retained for one year.

POSITION APPLYING FOR

_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Current Mailing Address	City	State	Zip Code
_____	_____	_____	_____
Current Street Address	City	State	Zip Code
_____	_____	_____	_____
Home Phone	Cellular Phone	Other Phone	
_____	Yes _____ No _____	_____	
Social Security Number	Are you currently under contract For the upcoming year?	What is the earliest date you can begin?	
_____	Yes _____ No _____	_____	
Email Address	May we contact you by email?	_____	

EDUCATION

High School

_____	_____	_____	_____
Name	City	State	Date – From/To
_____	_____	_____	_____
Degree/Diploma/Certificate	Major Subject		

College or University

_____	_____	_____	_____
Name	City	State	Date – From/To
_____	_____	_____	_____
Degree/Diploma/Certificate	Major Subject		

SPECIAL TRAINING

_____	_____	_____	_____
Name	City	State	Date – From/To
_____		_____	
Degree/Diploma/Certificate		Major Subject	

_____	_____	_____	_____
Name	City	State	Date – From/To
_____		_____	
Degree/Diploma/Certificate		Major Subject	

JOB EXPERIENCE

_____		_____	
Employer's Name		Supervisor's Name and Title	
_____		_____	_____
Employer's Address		City	State Zip Code
_____		_____	
Position Held	Reason for Leaving	Time Employed – Months & Years	

_____		_____	
Employer's Name		Supervisor's Name and Title	
_____		_____	_____
Employer's Address		City	State Zip Code
_____		_____	
Position Held	Reason for Leaving	Time Employed – Months & Years	

_____		_____	
Employer's Name		Supervisor's Name and Title	
_____		_____	_____
Employer's Address		City	State Zip Code
_____		_____	
Position Held	Reason for Leaving	Time Employed – Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City	State	Zip Code
Position Held	Reason for Leaving	Time Employed – Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City	State	Zip Code
Position Held	Reason for Leaving	Time Employed – Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City	State	Zip Code
Position Held	Reason for Leaving	Time Employed – Months & Years	

MULTICULTURAL EXPERIENCE/TRAINING List your training and/or experience.

1. _____

2. _____

3. _____

TECHNOLOGY EXPERIENCE/TRAINING List and/or briefly describe your training and/or experience with technology.

1. _____

2. _____

3. _____

CERTIFICATE INFORMATION List below, the teaching, administrative, and special certificates for the State of Montana which you hold.
Please include a copy of your current Montana Educator License.

_____		_____	
Type of Certificate (Class, Level)		Endorsement(s)	
_____		_____	
Folio Number	Issue Date	Expiration Date	

_____		_____	
Type of Certificate (Class, Level)		Endorsement(s)	
_____		_____	
Folio Number	Issue Date	Expiration Date	

_____		_____	
Type of Certificate (Class, Level)		Endorsement(s)	
_____		_____	
Folio Number	Issue Date	Expiration Date	

Have you ever had a certificate revoked or suspended? Yes No

If yes, date of suspension or revocation _____

Certificate type revoked	Reason
--------------------------	--------

REFERENCES List in order, from earliest to most recent, all immediate supervisors or certificated K-12 contract experience. If deceased, please so indicate.

_____	_____	_____	_____
Reference Name	Title/Position	Telephone	
_____	_____	_____	_____
Reference Mailing Address	City	State	Zip Code

_____	_____	_____	_____
Reference Name	Title/Position	Telephone	
_____	_____	_____	_____
Reference Mailing Address	City	State	Zip Code

_____	_____	_____	_____
Reference Name	Title/Position	Telephone	
_____	_____	_____	_____
Reference Mailing Address	City	State	Zip Code

_____	_____	_____	_____
Reference Name	Title/Position	Telephone	
_____	_____	_____	_____
Reference Mailing Address	City	State	Zip Code

_____	_____	_____	_____
Reference Name	Title/Position	Telephone	
_____	_____	_____	_____
Reference Mailing Address	City	State	Zip Code

CERTIFIED SCHOOL EXPERIENCE List all contracted experience in order of occurrence.

_____	_____	_____	_____	_____
District/School Name	City	State	From	To
_____	_____	_____	_____	_____
Grade(s)	Subject(s)	Full Time	Part Time	Reason for leaving position

_____	_____	_____	_____	_____
District/School Name	City	State	From	To
_____	_____	_____	_____	_____
Grade(s)	Subject(s)	Full Time	Part Time	Reason for leaving position

_____	_____	_____	_____	_____
District/School Name	City	State	From	To
_____	_____	_____	_____	_____
Grade(s)	Subject(s)	Full Time	Part Time	Reason for leaving position

_____	_____	_____	_____	_____
District/School Name	City	State	From	To
_____	_____	_____	_____	_____
Grade(s)	Subject(s)	Full Time	Part Time	Reason for leaving position

EXPERIENCE OUTSIDE OF K-12 CERTIFICATED EXPERIENCE List in order of occurrence military service, private sector, school related employment and volunteer service.

_____	_____	_____	_____	_____
Location of Service	City	State	From	To
_____	_____	_____	_____	_____
Position/Title	Full Time	Part Time		

_____	_____	_____	_____	_____
Location of Service	City	State	From	To
_____	_____	_____	_____	_____
Position/Title	Full Time	Part Time		

_____	_____	_____	_____	_____
Location of Service	City	State	From	To
_____	_____	_____	_____	_____
Position/Title	Full Time	Part Time		

Location of Service	City	State	From	To
Position/Title	Full Time	Part Time		

HAVE YOU WITHIN THE LAST TEN YEARS BEEN: (If you answer yes, attach a statement of explanation?)

- a. Convicted of any crime against persons – aggravated murder, first or second degree murder, first or second degree kidnapping, first, second, or third degree assault, first, second or third degree rape, first, second or third degree rape of a child, first or second degree robbery, first degree arson, first degree burglary, first or second degree manslaughter, first or second degree extortion, indecent liberties, incest, vehicular homicide, first degree promoting prostitution, communication with a minor, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree criminal mistreatment, child abuse, neglect, first or second degree custodial interference, malicious harassment, first second or third degree child molestation, first or second degree sexual misconduct with a minor, custodial assault, violation of child abuse restraining order, child buying or selling, prostitution, or any of these crimes as they had previously been named or as they may be named?

Yes	No
-----	----

- b. Found in any dependence action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually abused any minor?

Yes	No
-----	----

- c. Released from prison or convicted of any offense that involved drugs?

Yes	No
-----	----

- d. Do you have any criminal arrests on which charges are pending related to child abuse, neglect, and/or child sexual abuse and/or sexual exploitation?

Yes	No
-----	----

- e. Convicted of a felony other than those previously listed?

Yes	No
-----	----

Such convictions will not necessarily be a ban from employment. (An inquiry to the Montana State Patrol and/or state or federal law enforcement agency will be made)

SIGNATURE RELEASE

All of the information I have provided in this application is true, correct and complete. I authorize Twin Bridges Public Schools District No. 7 to inquire with former employers or references to obtain any and all information regarding my job related background. **I release and waive Twin Bridges Public Schools District No. 7, my former employer(s), and all references from any and all liability in obtaining or disclosing such information.** I agree that information provided by any individual shall be confidential and I shall not have access to such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the district, the contract shall be deemed void from its inception.

Signature of Applicant

Date

“Excellence in Education”

THIS SECTION WILL BE REMOVED BEFORE FILE EVALUATION

Last Name

First Name

Middle Name

Date

OPTIONAL INFORMATION – Information regarding race and disability is requested for the purpose of assuring a diversity of employment, to correct any disparity in our current employment numbers, and to prevent discrimination. This information will be confidential and will not be filed with or made a part of your application.

SEX Male Female

AGE Over 40? Yes No

RACE/ETHNIC DESIGNATION – Please indicate your ethnic background.

African American

Asian American

Native American

Caucasian

Hispanic

DISABILITY – For purposes of affirmative action, do you consider yourself to be a person of disability as defined by the Americans with Disabilities Act? (A person who “has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment, or is regarded as having such an impairment?”) If yes, please explain.

No Yes, _____

VETERAN – Are you a disabled American Veteran? No Yes
Are you a Vietnam Veteran? (08/05/64 – 05/07/75) No Yes

“Excellence in Education”