

**WHITE SULPHUR SPRINGS SCHOOLS
CERTIFIED APPLICATION**

An equal opportunity employer that encourages applications from all persons,
regardless of race, religion, sex, ages, national origin or handicap.

NAME: _____
Last First Middle initial

PRESENT ADDRESS: _____
Street City State Zip Code

HOME PHONE #: _____ WORK PHONE #: _____

SOCIAL SECURITY #: _____ POSITION APPLYING FOR: _____

Major area of preparation: _____

Minor area of preparation: _____

When can you begin work: _____ Date of this application: _____

Are you currently under contract? _____ Dates of contract: _____

Are you on formal leave from another district? _____ If so, please give details: _____

TO THE APPLICANT:

Please complete each section of this application. **Do not say.** "Refer to my resume" credentials. After completing this application, please return it and requested materials to:

White Sulphur Springs Schools
PO Box C
White Sulphur Springs, MT 59645

Elementary School Office: (406) 547-3751
High School Office: (406) 547-3351
Fax: (406) 547-3922

Applications will be active until all positions are filled or until September 15th. Application files will be destroyed after that date. Re-application will be necessary for subsequent positions.

PERSONAL DATA:

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

Have you ever been released from prison or 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: _____

E E O - EMPLOYER

**WHITE SULPHUR SPRINGS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER**

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 with your completed application to the White Sulphur Springs School District office.

Sex: _____ Male _____ Female Date: _____

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 affiliations or community recognition.
- _____ ASIAN AMERICAN – A person having origins in any of the original peoples 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 American or other Spanish culture or origin, regardless of race.
- _____ OTHER (specify) _____

E E O – EMPLOYER

STUDENT TEACHING EXPERIENCE (Beginning teachers only)

Name and Location of School	Dates	Level of Experience	Subjects Taught

TEACHING EXPERIENCE: Do not list substitute teaching, instructional aide work, or student teaching. (List only contracted teaching experiences.)

Name & Location of School	Dates	Number of Years	Grades & Subjects Taught	Extracurricular Assignments

Total years of certified service (Do not count partial years.) _____

If Special Education, please specify areas of expertise: _____

REFERENCES:

Give as references persons who are qualified to attest to your fitness for the position you seek. Especially include persons for whom you taught and those who know your ability and character.

DO NOT SAY "REFER TO MY CREDENTIALS."

Name & Title of Reference	Name of Business or School	Phone Number
		Home: Work:
		Home: Work:
		Home: Work:
		Home: Work:

CERTIFICATION:

Do you hold a valid Montana Certificate? _____ Folio Number: _____ Class: _____

Level: _____ Expiration Date: _____ Endorsement: _____

E E 0 - EMPLOYER

Are you a veteran? _____ Date of Service: _____ Military Duties: _____

PROFESSIONAL DATA:

Are you working at the present time? _____ If so, where _____ Phone #. _____

May we contact your references, including your present employer, for recommendations? __ Yes __ No

(If No, please explain) _____

What is/are the reason(s) for leaving your last/current teaching position? _____

Are you willing to attend and supervise school activities as assigned? _____

Will you participate willingly in committee and other professional work? _____

Please indicate areas where you have experience or ability to assist in our extracurricular programs. This includes such areas as music, forensic, publications, and athletics.

1. _____ 2. _____ 3. _____

COMPLETED EDUCATION (List in reverse order of attendance)

Graduate work after completion of Bachelor's Degree

Name & Location of School	Completed Degrees	Date Graduated	Semester Hours	Cumul. G.P.A.

EE0 - EMPLOYER

Undergraduate and high school education

Name & Location of School	Completed Degrees	Date Graduated	Semester Hours	Cumul. G.P.A.

(Note: If your work is listed in Quarter Hours, please make note of that fact.)

Major Subject(s) and Semester Hour Credits: _____

Minor Subject(s) and Semester Hour Credits: _____

If you do not hold a Montana certificate, proof of application must be provided before your application can be processed. Write to the Director of Certification, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501, regarding your eligibility for a Montana certificate. Furnish information to this office regarding certification as soon as you receive it from the Office of Public Instruction. The White Sulphur Springs School District does not assume any responsibility for your certification. Failure to provide this office with a copy of your teaching certificate within the first sixty (60) days of teaching will result in the District holding any further wages until your certification is received.

Applications will not be considered eligible for consideration unless ALL requested information is on file. It is your responsibility to ask your college or university to provide us with a transcript and placement files. All information on this application should be accurate.

I hereby authorize the White Sulphur Springs School District to inquire as to my records with any or all of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Those successful applicants will be required to complete at their own initiative a Fingerprint background check (at their own expense) before employment with White Sulphur Springs School District No. 8 is finalized.

Applicant's Signature

Date

(Sign your legal name)

E E 0 – EMPLOYER