

APPLICATION FOR EMPLOYMENT OF CERTIFIED POSITION

PLEASE NOTE: Complete all areas of application.

1. Name _____
 Last Name First Name Middle Name

2. Address _____
 Number and Street City and State Zip Code

3. Contact Number: _____ **Email Address:** _____

4. List in order of preference the grade levels you prefer to teach:
 a. _____ b. _____ c. _____ d. _____

List preference is subjects: _____

5. What extracurricular activities would you be qualified for and would accept as a long-term assignment for which extra pay is given?

_____ Volleyball _____ Basketball _____ Football _____ Track _____ Wrestling _____ Tennis

_____ Band _____ Golf _____ Cross Country _____ Softball _____ Technology

Other: (Please describe) _____

6. What are your hobbies or avocations? _____

7. EDUCATION: Full information and dates are required.

Schools Attended	Name/ Location	Major	Minor	Diploma/ Degree	Dates		Date Graduated
					From	To	
College or University							
Graduate School							
Other Schools							

8. Number of semester hour credits in Major _____ **Minor** _____

9. Describe the Montana certificate you now hold, if any. Folio No _____

(You must be eligible for a Montana certificate to be considered.)

CLASS	LEVEL	SUBJECT ENDORSEMENTS	DATE ISSUED	DATE OF EXPIRATION

10. What kind of certificate are you eligible for? Elementary _____ Secondary _____

11. Data regarding practice teaching: (Persons with three years or more teaching experience need not complete.)

City & School in which Practice Teaching	Name of Cooperating Teacher	Grades/ Subjects Taught	Dates		Number of Months
			From	To	

College Supervisor(s) Name and Address:

12. Complete history of teaching experience. This information is used to determine beginning salary.
List last employer first. Use additional sheets if necessary.

ACCURATE AND COMPLETE INFORMATION IS REQUIRED

EMPLOYER Address, City State, Zipcode	Contact Person Name/ Phone Number	Grades/ Subjects Taught	Dates		Full/ Part Time	Number Of Months
			From	To		

13. References: Give names of Principal or Supervisor in each school system listed above.

NAME	Present Address	Position	School

ANACONDA PUBLIC SCHOOLS
PERSONNEL SERVICES
Tel: 406-563-6361 Fax: 406-563-4561

14. Do you claim veteran's preference as a veteran or eligible relative of a veteran? ___ Yes ___ No

If yes, is this preference as a disabled veteran? ___ Yes ___ No DD-214 required.

15. Branch of Military _____ Dates of Service _____

16. Have you ever applied for a teaching position in Anaconda? Yes ___ No ___

If Yes, Regular Teacher _____ Substitute Teacher _____ Dates: _____

17. Have you secured from the registrar and included or sent us your transcripts of work taken?
___ Yes ___ No If not, please provide this information.

18. Have you notified your college Placement Center to send us your papers? ___ Yes ___ No

19. Transcripts and recommendations must be forwarded to the Superintendent's Office as soon as possible. No action will be taken on your application without this information.

20. Have you ever been convicted or adjudicated of a criminal offense? ___ Yes ___ No

Since this item is not necessarily a bar to employment, if "Yes", please comment.

21. If hired, you will be required to be fingerprinted in order to do a police/FBI background check.

Do you give Anaconda School District permission to do a background check? ___ Yes ___ No

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

23. If selected for employment, when would you be available to begin work? _____

I VERIFY THAT THE ABOVE STATEMENTS ARE TRUE AND FACTUAL.

Signature of Applicant

Date