**CERTIFIED APPLICATION**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Administrative Office**

**WE DO NOT DISCRIMINATE** **ON** **THE BASIS OF 220 North Wisconsin Street**

**RACE,RELIGION, COLOR,SEX, AGE, NATIONAL Conrad, MT 59425**

**ORIGIN, MARITAL STATUS, OR DISABILITY.**  **Telephone: 406.271.7558**

**Fax: 406.271.5959**

**Position Applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle Initial**  **Social Security Number**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Temporary**  **Number and Street City State/Zip Telephone Number Until What Date**

**Permanent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number and Street City State/Zip Telephone Number Until What Date**

**EDUCATION: Full Information and dates are required.**

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| --- | --- | --- | --- | --- |
| **Schools Attended** | **Name and Location** | **Diploma/Degree** | **Dates**  **From To** | **Date Graduated** |
| **University** |  |  |  |  |
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| **Graduate**  **School** |  |  |  |  |
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|  |  |  |  |
| **Other**  **Schools** |  |  |  |  |
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**Number of quarter hour credits in Major \_\_\_\_\_\_\_\_\_\_ In Minor \_\_\_\_\_\_\_\_\_\_.**

**Describe the Montana Certificate you now hold, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. File No. \_\_\_\_\_\_\_.**

**You must be eligible for a Montana Certificate to be considered.**

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| **CLASS** | **LEVEL** | **SUBJECT ENDORSEMENTS** | **DATE ISSUED** | **DATE OF EXPIRATION** |
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**What kind of certificate/license are you eligible for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Data regarding practicum: (Persons with 3 years or more experience need not complete this portion.)**

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| **Name and Current Telephone Number of Supervisor** | **Age of Clients Served** | **Dates: From To** |
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**College Supervisor(s) Name, Current Address and Telephone Number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete history of professional experience. This information is used to determine beginning salary. List last employer first. ACCURATE AND COMPLETE INFORMATION IS REQUIRED.**

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| --- | --- | --- | --- | --- |
| **Employer/School System** | **Current Address: City,ST.,Zip and Telephone Number** | **Age of Clients Served** | **Dates:**  **To From** | **Time ; Full Part** |
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**REFERENTS: (A) Give names of principal in each school system listed on items above.**

**(B) Include names of supervisors and/or consultants who know of your**

**teaching or work experience.**

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| --- | --- | --- |
| **Name** | **Present Address and Telephone Number** | **Location** |
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**Have you ever applied for a position in our Cooperative? □ Yes □ No**

**Have you notified your College Placement Office to send us your placement file? □ Yes □ No**

**If not, please do.**

**Placement files 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 the placement file.**

**Have you ever been convicted of a criminal offense? □ Yes □ No (Since this item is not necessarily a bar to employment, if "Yes" please comment):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**If hired, when could you begin work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I VERIFY THAT THE ABOVE STATEMENTS ARE TRUE AND FACTUAL.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature of Applicant**

**THIS APPLICATION WILL BE PROCESSED ONLY IF AN ENTRY IS MADE IN EVERY SECTION.**