**Yellowstone-West/Carbon County**

**FOR COOPERATIVE USE ONLY**

**Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application materials Received:**

**Letter of Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resume \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transcripts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification/License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rejection Letter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Interviewed By/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Elected \_\_\_\_\_\_\_\_\_ Accepted \_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_ School(s) \_\_\_\_\_\_\_\_\_\_\_\_**

**Date Hired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Creditable Years of Experience**

**\_\_\_\_\_\_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_**

**Degree Credits Starting Salary**

**Special Services Cooperative**

**2016 Grand Ave, Suite C**

**Billings MT 59102**

**(406)839-2339**

AN EQUAL OPPORTUNITY EMPLOYER

THAT ENCOURAGES APPLICATIONS

FROM ALL PERSONS REGARDLESS OF

RACE, RELIGION, SEX, AGE, NATIONAL

ORIGIN OR HANDICAP

**CERTIFIED APPLICATION:**

**TO THE APPLICANT:**

***After completing this form, please return it to the Cooperative office***.

Choose an item. Last Name Click or tap here to enter text. First Name Click or tap here to enter text.

Present Address Click or tap here to enter text.

Telephone Click or tap here to enter text. Social Security Number Click or tap here to enter text.

Permanent Address Click or tap here to enter text.

For What Particular Position Are You Applying**?** Click or tap here to enter text.

Major Area of Preparation Click or tap here to enter text.

Minor Area of Preparation Click or tap here to enter text.

When Can You Begin Work? Click or tap here to enter text.

Application Date Click or tap to enter a date.

Are you Currently Under Contract? Click or tap here to enter text.

Contract DatesClick or tap here to enter text.

Name of District/Employer and locationClick or tap here to enter text.

Referral Source: Advertisement Cooperative Employee Other

University Placement Center MT Recruitment Project

**COMPLETED EDUCATION**:

Name and Location of School Click or tap here to enter text.

Completed Degrees Click or tap here to enter text.

Date Graduated Click or tap here to enter text.

Quarter Hours Click or tap here to enter text.

Cum. G.P.A. Click or tap here to enter text.

Name and Location of School Click or tap here to enter text.

Completed Degrees Click or tap here to enter text.

Date Graduated Click or tap here to enter text.

Quarter Hours Click or tap here to enter text.

Cum. G.P.A. Click or tap here to enter text.

Name and Location of School Click or tap here to enter text.

Completed Degrees Click or tap here to enter text.

Date Graduated Click or tap here to enter text.

Quarter Hours Click or tap here to enter text.

Cum. G.P.A. Click or tap here to enter text.

Name and Location of School Click or tap here to enter text.

Completed Degrees Click or tap here to enter text.

Date Graduated Click or tap here to enter text.

Quarter Hours Click or tap here to enter text.

Cum. G.P.A. Click or tap here to enter text.

**(Note: If your work is listed in “Semester Hours,” make note of this fact.)**

Major Subject(s) and Quarter Hours Credit Click or tap here to enter text.

Minor Subject(s) and Quarter Hours Credit Click or tap here to enter text.

Additional Graduate Credits Taken Since Last Completed Degree Click or tap here to enter text.

**STUDENT TEACHING OR INTERN EXPERIENCE (**Beginning Professionals only**):**

Name and Location of School/Clinic Click or tap here to enter text.

Dates Click or tap here to enter text.

Level and Type of Experience Click or tap here to enter text.

Name and Location of School/Clinic Click or tap here to enter text.

Dates Click or tap here to enter text.

Level and Type of Experience Click or tap here to enter text.

**PROFESSIONAL EXPERIENCE** (Do not list substitute teaching, instructional aide work, or student teaching. List only contracted professional experience.):

Name and Location of School/Clinic Click or tap here to enter text.

Dates Click or tap here to enter text.

Number of Years Click or tap here to enter text.

Grades and Subjects Taught or Therapy Provided Click or tap here to enter text.

Name and Location of School/Clinic Click or tap here to enter text.

Dates Click or tap here to enter text.

Number of Years Click or tap here to enter text.

Grades and Subjects Taught or Therapy Provided Click or tap here to enter text.

Name and Location of School/Clinic Click or tap here to enter text.

Dates Click or tap here to enter text.

Number of Years Click or tap here to enter text.

Grades and Subjects Taught or Therapy Provided Click or tap here to enter text.

**PROFESSIONAL EXPERIENCE CONT.:**

Name and Location of School/Clinic Click or tap here to enter text.

Dates Click or tap here to enter text.

Number of Years Click or tap here to enter text.

Grades and Subjects Taught or Therapy Provided Click or tap here to enter text.

Total Years of Certified Service (Do not count partial years)Click or tap here to enter text.

Are You a Veteran?Click or tap here to enter text.Dates of ServiceClick or tap here to enter text.

Military DutiesClick or tap here to enter text.

**PROFESSIONAL DATA:**

Are You Working at the Present Time? Choose an item. If So, Where? Click or tap here to enter text.

Work Phone Number Click or tap here to enter text.

May We Contact Your Reference, Including your Present Employer, For Recommendations? Choose an item. If No, Please Explain Click or tap here to enter text.

Are You Willing to Attend In-Service Sessions and CST/IEP Meetings as Required? Choose an item.

Will You Participate Willingly in Committee and Other Professional Work? Choose an item.

**REFERENCES:**

Give as references persons who are qualified to attest to your fitness for the position you seek. Include especially persons for whom you have worked and those who know your ability and character. **DO NOT SAY, “REFER TO MY CREDENTIALS.”**

Name and Title of Reference Click or tap here to enter text.

Name of Business or School Click or tap here to enter text.

Address and Telephone Number Click or tap here to enter text.

Name and Title of Reference Click or tap here to enter text.

Name of Business or School Click or tap here to enter text.

Address and Telephone Number Click or tap here to enter text.

**REFERENCES CONT.:**

Name and Title of Reference Click or tap here to enter text.

Name of Business or School Click or tap here to enter text.

Address and Telephone Number Click or tap here to enter text.

Name and Title of Reference Click or tap here to enter text.

Name of Business or School Click or tap here to enter text.

Address and Telephone Number Click or tap here to enter text.

Name and Title of Reference Click or tap here to enter text.

Name of Business or School Click or tap here to enter text.

Address and Telephone Number Click or tap here to enter text.

**CERTIFICATION:**

Do You Hold a Valid Montana Certificate? Choose an item. Folio Number Click or tap here to enter text. Class of Certificate Click or tap here to enter text. Level of Certificate Click or tap here to enter text. Expiration Date Click or tap to enter a date. Endorsements Click or tap here to enter text.

**LICENSE:** (For Therapists)

Do You Hold a Valid Montana License? Click or tap here to enter text. License Number Click or tap here to enter text. Expiration Date Click or tap to enter a date.

If you do not hold a Montana Certificate/License, proof of application must be provided to the cooperative office before your application can be processed. To obtain information on applying for certification, write to the Director of Certification, State Department of Public Instruction, Helena, Montana 59620. To obtain information on applying for speech-language pathologist licensure, write to the Department of Commerce, Board of Speech Pathologists and Audiologists, 1424 Ninth Avenue, Helena Montana 59620. Furnish information to this office regarding certification/licensure as soon as you receive it. The Yellowstone-West/Carbon County Special Services Cooperative does not assume any responsibility for your certification/licensure. Failure to register your teaching certificate or license in the Office of the County Superintendent of Schools within the first sixty days of teaching will result in the cooperative holding any further wages until your certificate/license is so registered.

**IMPORTANT:**

Applications will not be considered eligible for consideration unless all requested information is on file. It is your responsibility to request your college or university to provide us with a transcript and placement file. Further, all information on the application form should be accurately completed.

I hereby authorize the Yellowstone-West/Carbon County Special Services Cooperative to inquire as to my record with any or all of my former and/or current employers or references with no liability arising there from. I hereby guarantee the correctness of the above statements. The making of any false statements 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.

Click or tap here to enter text. Click or tap to enter a date.

Signature Date