APPLICATION FOR EXTRA-CURRICULAR CO-OP POSITIONS

Richey Public Schools P.O. Box 60 Richey, MT 59259 (406) 773-5523

Lambert Public Schools P.O. Box 260 Lambert, MT 59243 (406) 774-3333

Name:	Date:
Address:	_
Telephone: Day Evening	_
Position for which you are applying?	
Are you related to any School Board member	of the Richey or Lambert Public Schools?
Yes No	Relationship
List the skills and expertise, and experience re	elated to the coaching position you are
applying for:	
Licenses or certificates held: Please list your strengths and weaknesses:	
Please comment on how you will handle coord	

May we use your previous supervisors as references on these subjects? Yes No				
References who can attest to your qualifications for the position you are applying for: Dates Name, Address & Phone of Name of Immediate To & From previous employer Supervisor Job Description				
10 0 11011	provides employer	Caporvisor	ood decomposition	
		10 10 10		
I expressly authorize the release to the educational agency receiving this application any records or information which may refer or relate to this application for employment, including but not limited to, records of educational institutions, law enforcement or criminal justice agencies, agencies maintaining child abuser records, and previous employers. I hereby release and discharge the educational agency receiving this application and any responsible person(s) employed by the agency from any and all claims and liability which may have or ever claim to have relating to information provided to the educational agency as part of this application for employment.				
Yes or No (circle response)				
Signed				
I affirm that the preceding information is accurate and that I am aware that misrepresentation of information recorded on the application may be cause for immediate cancellation of any contract issued to me by the Richey & Lambert School Districts.				
Signed			Date	