Big Sky Special Needs Cooperative

220 North Wisconsin Street Conrad, MT 59425

Telephone Number: (406) 271-7558 Fax: (406) 271-5959

Application for Classified Employment

Title of Job: _____

Name:				
	Last	First	Middle I	nitial
Present A	Address:			
	Street	City	State	Zip
Telephon	e Number:		E-Mail Address:	
Do you h	ave any physical	disabilities that v	vould affect the ty	pe of work to be
rmed?				
	3 1 7,1			
Education	n: Fill in this section	n immediately, inc	luding dates:	
	Name of School	City and State	Dates Attended: To and From	Diploma or Grade
				Completed
e School:				
e School:				
School:				
School:				
School:				
School: lege or versity:				
School: lege or versity:				
	Telephon Do you he rmed? Pes to	Last Present Address: Street Telephone Number: Do you have any physical rmed? Pres No If yes, pleat Education: Fill in this section Name of School	Present Address:Street City Telephone Number: Do you have any physical disabilities that warmed? Present Address: Street City Telephone Number: Do you have any physical disabilities that warmed? Present Address: But least City Telephone Number: Do you have any physical disabilities that warmed? Find Yes	Last First Middle I Present Address: Street City State Telephone Number: E-Mail Address: Do you have any physical disabilities that would affect the tyrmed? Yes No If yes, please explain: Education: Fill in this section immediately, including dates: Name of School City and State Dates Attended: To and From

6. Employment Record: List your work history for the past ten (10) years. Start with your <u>present</u> or most <u>recent</u> job. Give complete information. If you need more space use top of back page or attach sheets.

Date Worked	Company	Position	Salary

7. Perso		al References (Name, Address and Tele	phone Number)	
	A.			
	В.			
	C.			
	D.			
8.	which y	e any other training or experience whice whice whice applying. For example: Secrial Applicants list electrical, plumbing o	etarial Applicants list o	-

DO NOT WRITE BELOW THIS LINE

Director of Special Education	Date Received By
Approval: Date:	Application Received
Withdrawal Date: Initials:	Letter Sent
	Interview
Rejected Date: Reason:	
Remarks:	Letter-Position Filled
	Letter-File Kept
	Evaluation of References
	References Received
	Certification of Years Experience
	Certification of Years College