

Missoula Area
Education Cooperative

**MISSOULA AREA
EDUCATION COOPERATIVE**
2825 Stockyard Road, Ste I-2
Missoula, MT 59808
Phone: (406) 532-4861
Fax: (406) 532-4866

This application will NOT be eligible for consideration unless all requested information is on file. Applications will be active until November 1 following the date of application.

Employees of the Missoula Area Education Cooperative and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, physical or mental disability, marital status, gender, or age when the reasonable demands of the position do not require an age, physical or mental disability, marital status or gender distinction.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Director of the Missoula Area Education Cooperative at (406) 532-4861.

NAME _____ EMAIL _____
Last First MI

PRESENT ADDRESS _____
Street City/State/Zip

PERMANENT ADDRESS _____
Street City/State/Zip

PHONE NUMBERS _____ SOCIAL SECURITY NO. _____

For what particular position are you applying? _____

LICENSURE (please include a copy)

Do you hold a valid Montana License for the position you are applying? Yes _____ No _____ Number _____
Expiration Date _____

If you do not hold a Montana License, proof of application must be provided before this application can be processed. The Missoula Area Education Cooperative does not assume any responsibility for your licensure. Failure to register your license with the Office of the Missoula County Superintendent of Schools within the first sixty (60) days of teaching will result in the Cooperative holding any further wages until your license is registered.

VERIFICATION

I hereby guarantee the correctness of all statements. The making of any false statement herein will be sufficient cause for dismissal. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature Date

NAME

DATE

EDUCATIONAL AND PROFESSIONAL TRAINING (MOST RECENT FIRST)

| Name of Institution/Location | Major Field | Diploma/Degree | GPA | Date |
|------------------------------|-------------|----------------|-----|------|
| | | | | |
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| | | | | |
| | | | | |

Additional graduate credits taken since last completed degree:
_____ Must be verified by OFFICIAL transcripts)

PROFESSIONAL EXPERIENCE (MOST RECENT FIRST)

| School Name/Location | Immediate Supervisor | Dates | Reason for Leaving |
|----------------------|----------------------|-------|--------------------|
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Total years of school experience: _____

Do not count partial years (135 days or less). Count public school experience only.

Are you working at the present time or currently under contract for the coming school year? _____ If yes, where? _____

REFERENCES:

Give as references persons who are qualified to answer concerning your fitness for the position you seek. Include especially persons under whom you have taught and those who know your ability and character. **Provide at least three reference letters.**

| Name | Official Position | Address/Telephone No. |
|------|-------------------|-----------------------|
| | | |
| | | |
| | | |

Please answer the following questions:

1. Have you ever been released or discharged from employment, or resigned in order to avoid release or discharge? Yes____ No____
If yes, please explain: _____

2. Have you ever pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (with the exception of minor traffic offenses)?

If yes, please attach and sign a complete description of the circumstances surrounding such conviction (This may not necessarily disqualify a person from consideration from employment).

3. Will you be claiming veteran's preference? Yes____ No____
If yes, please submit enclosed form.

EQUAL OPPORTUNITY EMPLOYER

The Missoula Area Education Cooperative prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the Cooperative office.

IMPORTANT:

- It is your responsibility to request your college or university to provide us with a transcript and a set of your confidential papers.
- Furnish all of the information requested in the various sections of this application.
- You will be contacted only if the Cooperative determines an interview is desired.
- You should not sign a contract unless you consider it binding.
- Please return this application to:

Stacia Vaughn, Director
Missoula Area Education Cooperative
2825 Stockyard Road, Suite I-2
Missoula, MT 59808