

BROCKTON SCHOOL DISTRICT 55-55F

Box 198 215 North 5th Street Brockton, MT 59213

(406) 786-3311

3 Fax: (406) 786-3377



PROFESSIONAL EMPLOYMENT APPLICATION

<u>INSTRUCTIONS</u>: Type or print clearly in dark ink. You must answer all questions completely and correctly. Incomplete or unsigned applications will not be considered. Read the job announcement carefully and attach only the information requested. Applications submitted after the closing date will not be considered.

A completed application will be in our active file for one year from the date of this application. An applicant not offered employment should request us to activate the application for the second year if employment is still desired.

YOUR FILE IS COMPLETED WHEN IT CONTAINS THE FOLLOWING DOCUMENTS:

| 1) Letter of Interest | | | | Date Received | | | | |
|----------------------------|--|---------------------------|--------------------|-------------------------------|--------------------|--------------------|--|--|
| 2) 3) 4) 5) 6) | District Application Resume Copy of College Transcripts Copy of Teaching Certificate Please have your college placement file possible. | | | rwarded to the school dist | rict administratio | on as soon as | | |
| | | | ٠. | ٠. | 2 | ٠. | | |
| Name | e: Last | | First | Middle | Social Sec | urity Number | | |
| | | | | | | | | |
| Prese | ent Address: | Street | • | City | State | Zip ` | | |
| Perm | nanent Address: | Street | | City | State | Zip | | |
| Dayti | me Phone: | | | Evening Phone: | | | | |
| | | | | ing the application process.* | | | | |
| List, | in order of prefe | erence, the c | grade levels you p | orefer to teach, or state no | preference: | | | |
| | 1 | ì | 2 | 3 | | | | |
| lf you | ur preference is | Senior High | (9-12), list subje | cts: | | | | |
| | 1 | | 2 | 3 | | | | |
| lf you | ur training and p cation), please i | oreference is ndicate: | for a special ser | vice assignment (e.g., spe | ech, school psy | chologist, special | | |
| | | | | | | | | |

CERTIFICATE INFORMATION

| lumber of semester hoo you hold a valid Mo Vhat kind of certificate ligible for a Montana Extracurricular Activity oaching/lead experier | Certificate to | be consid | ered for a tea | nentary ching contract | in this o | Secondary district. | . You must be |
|---|----------------|--|------------------------|---------------------------|--|------------------------|--|
| igible for a Montana de xtracurricular Activition of the second of the | Certificate to | be consid | ered for a tea | nentary ching contract | in this o | Secondary district. | . You must be |
| Speech | | | | 0 (| le if your | experienc | e includes head |
| | | Cheerl | eading | Basketbal | I | Fo | otball |
| Track | | Cross | Country | Golf | - | Vol | leyball |
| What are your hobbies | or avocatio | ns? | | | | | |
| full information and dates are i | required | EDI | UCATIONAL . | TRAINING | | | |
| NAME & LOCATION OF SO | DI | OMPLETED EGREE OR DIPLOMA | DATE OF GRADUATION | DATES TO FROM | MAJOR | MINOR | TOTAL CREDIT HRS BEYOND BACHELOR'S DEGREE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | `t |
| GRADUATE WORK | | - W-W | | | | 71. | |
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EDUCATIONAL EMPLOYMENT EXPERIENCE Includes teaching, substitute teaching, counseling, and other contractual services. Please include student teaching if you have no certified experience.

| DATES TO FROM | Name of School or College | Location | Grades or subjects taught | Supervisor Name & Number | Number of Years | Reason for leaving |
|------------------|---|----------|---------------------------|-----------------------------|--------------------|-----------------------|
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OTHER EMPLOYMENT EXPERIENCE

Include work experience and military service.

| DATES TO FROM | Name of School or College | Location | Grades or subjects taught | Supervisor Name & Number | Number of Years | Reason for leaving |
|--|---------------------------|----------|---------------------------|--|--|-----------------------|
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REFERENCES
Give three references. Include (most recent) supervisors under whom you have worked, who have first-hand knowledge of your character and professional skills.

| Name | Address | Home Phone | Work Phone | Official Position |
|---|----------|-------------|------------|--|
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| 1. Sind | be you are applying for a position that involves working with children, please complete the following: Have you ever been convicted of any offense that involves any form of violence, such as assault, rape, |
|---------|--|
| | child abuse, child molesting, contributing to delinquency of minors, extortion, blackmail, coercion or any crime which involves drugs: If yes, please explain the nature of the offense, place and date: |
| • | |
| 2. Sind | ce you are applying for a position that involves handling money or school district property, please te the following: |
| | Have you ever been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail or coercion? If yes, please explain the nature of the offense, place and date: |
| 3. Hav | re you ever had a diploma, credential or license denied, revoked or suspended? If yes, explain |
| agency | re you ever failed or refused to fulfill an agreement of employment entered into by you with any public refused. If yes, explain fully. |
| 5. Hav | /e you ever been dismissed from any public position for immoral or unprofessional conduct, or for service? If yes, explain fully |
| 6. Hav | ve you ever been dismissed from any public position for persistent defiance of, or refusal to obey the nd regulations of the institution or agency? If yes, explain fully |

| 7. Have you ever been convicted of a felony? If yes, explain fully |
|--|
| 8. Are you eligible/authorized to work full time in the Untied States? This does not include practical training. (If hired, you will be required to provide proof of U.S. citizenship or alien identification documents entitling you to work.) Yes No |
| IMPORTANT |
| Applications will NOT be considered unless all information on the application form is completed and all required information is on file. |
| By policy of Brockton School District 55-55F, your name will be submitted to the Montana ID Bureau for a record check. |
| The Brockton School District is an Equal Opportunity Employer whose policy it is to follow fair practices in employment, services and treatment of all persons without regard to race, creed, sex, age, national origin or handicap. |
| I hereby authorize the Brockton School District 55-55F to inquire as to my record with any and all of my references and my former and/or current employers with no liability arising therefrom. I affirm that the statements and facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. |
| |
| Signature:Date: |
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AUTHORIZATION TO RELEASE INFORMATION

| TO WHOM IT MAY CONCE | ERN: | | |
|---|---|---|--|
| District. I acknowledge that a hereby expressly and voluntari thorough investigation of my p of a confidential or privileged | complete investigation in ily give the School Distric past employment, educatio nature, including confide ict and its agents. I under | inistrative employment or volunteer ass to my background is necessary to protect and it's agent, the Montana School Bon, and activities. I specifically authorizential criminal justice information as stand that the School District reserves the total and necessary. | of the safety and welfare of children. I pards Association, the right to make a set the release of any and all information defined in Section 44-5-103(3). MCA |
| I hereby release the School Di agents as expressly authorized requested, subject to the provi | above, from any liability | o, company, institution, or person furnis for damage which may result from any 5, Part 3, MCA. | hing information to the District and its dissemination of the information |
| This document is effective for | 180 days or until revoked | in writing by me. | |
| Signature | | Date | |
| Print Full Name: | | | |
| | First | Middle | Last |
| Print Full Address; | | | |
| | City | State | Zip |
| Date of Birth: | | Soc Sec Number: | |
| STATE OF | | | |
| County of | : ss.) | | • |
| | | 00, before me, a notary public of the, known to me to be the person n is/her free act and deed, for the uses and d and affixed my notarial seal the day ar | |
| | | Notary Public, State of | |
| | | County of | |
| | | My commission expires | |
| Providing this information is applicants and employees to f | strictly on a voluntary bas facilitate the enforcement of the application screening leral/state employment enformation. Age: | NFORMATION - OPTIONAL is. State law requires that employers kee of equal employment opportunity laws. process. As required by state law, it will forcement officers. | This statement will be filed separately |