



# BIG SKY SCHOOL DISTRICT #72

## GUEST TEACHER APPLICATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Check the days that you are available to work:

\_\_\_\_\_ All \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Teaching Level Desired: \_\_\_\_\_ K-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12 \_\_\_\_\_ Office \_\_\_\_\_ Special Needs Aide  
(check all that apply)

Subjects Desired: \_\_\_\_\_

Areas you would not accept placement in: \_\_\_\_\_

Do you have an active Montana teaching certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Experience:

\_\_\_\_\_  
\_\_\_\_\_

Please list 3 references:

<u>NAME</u>	<u>PHONE</u>	<u>EMAIL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ TB TEST \_\_\_\_\_ FINGERPRINTS \_\_\_\_\_ RESUME \_\_\_\_\_ INTERVIEW \_\_\_\_\_ REFERENCE CHECK

DATE DATE DATE DATE DATE

\_\_\_\_\_ I9 \_\_\_\_\_ W2 \_\_\_\_\_ TRANSCRIPTS \_\_\_\_\_ OTHER

DATE DATE DATE DATE \_\_\_\_\_ BOARD APPROVAL DATE