

# BIG SKY SCHOOL DISTRICT #72

PO Box 161280  
Big Sky, MT 59716

45465 Gallatin Road  
Gallatin Gateway, MT 59730

406-995-4281  
Fax 406-995-2161

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU HOLD A VALID MONTANA TEACHING CERTIFICATE? \_\_\_ YES \_\_\_ NO

FOLIO # \_\_\_\_\_ CLASS: \_\_\_\_\_ LEVEL: \_\_\_\_\_

PROFESSIONAL EDUCATION/QUALIFICATIONS:

I'D PREFER TO TEACH IN THIS GRADE RANGE: \_\_\_\_\_

I PREFER THIS SUBJECT AREA OR SPECIALTY: \_\_\_\_\_

	MAJOR	MINOR	UNIVERSITY	DATE COMPLETED
BA/BS	_____	_____	_____	_____
MA/MS/Me	_____	_____	_____	_____
EdS/PhD	_____	_____	_____	_____

FULL TIME TEACHING/CLINICAL/INTERNSHIP EXPERIENCE UNDER CONTRACT AND CREDENTIALLED

DATE	GRADE/SUBJECT	LOCATION	DISTRICT
NAMES/PHONE NUMBER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDENTIAL(S) NOW HELD OR APPLIED FOR (INCLUDING OUT OF STATE):

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ MINOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ MINOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

PERSONAL DATA:

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

HAVE YOU PREVIOUSLY HELD A TEACHING POSITION WITH US? \_\_\_\_ YES \_\_\_\_ NO

IF YES, GIVE DATES AND NAMES UNDER WHICH EMPLOYED, IF DIFFERENT FROM THIS APPLICATION

---

---

---

---

HAVE YOU EVER BEEN DENIED A TEACHING CERTIFICATE/LICENSE OR HAD YOUR TEACHING CERTIFICATE/LICENSE SUSPENDED OR REVOKED?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, CHECK THE ACTION TAKEN:

\_\_\_\_\_ DENIED \_\_\_\_\_ SUSPENDED \_\_\_\_\_ REVOKED

WHICH STATE(S)?

---

SPECIAL SKILLS OR INTERESTS: OTHER SUBJECTS YOU ARE CREDENTIALLED TO TEACH, ACTIVITIES QUALIFIED TO DIRECT, SPORTS QUALIFIED TO COACH OR POSITIONS QUALIFIED TO FILL:

---

---

---

---

PLEASE SPECIFY ANY LANGUAGE (OTHER THAN ENGLISH) THAT YOU ARE PROFICIENT IN:

---

---

---

---

PROFESSIONAL REFERENCES (INCLUDE A MINIMUM OF THREE WHO HAVE KNOWLEDGE OF YOUR PROFESSIONAL/TEACHING EXPERIENCES):

NAME	POSITION	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENDORSEMENTS/CLINICAL/LICENSES:

TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

STUDENT TEACHING/CLINICAL/INTERN EXPERIENCE:

DATE	GRADE/SUBJECT	LOCATION	DISTRICT NAMES/PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER EXPERIENCE(S):

---

---

---

SUPPLEMENTAL INFORMATION:

---

---

---

EMPLOYMENT PREFERENCE FORM

To claim preference under the **Montana Veterans' Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference.

Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

You have been separated under honorable conditions, AND

You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

You have been separated under honorable conditions from active duty, AND

You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the US Department of Veterans Affairs or military department, OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The mother of a veteran, if

THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, AND

YOUR SPOUSE is totally and permanently disabled, OR YOU are the un-remarried widow of the father of the veteran.

In the boxes below, check the attachment you must present at interview in order to document the preference request.

DD-214     Other

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA?  YES  NO

I HEREBY CERTIFY THAT (check the applicable box and provide the information requested):

I **have not** 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. (minor traffic offenses excepted).

\_\_\_ I **have** pleaded guilty to or have been convicted of at least one violation of criminal law. (This may not necessarily disqualify a person from consideration for employment).

AUTHORIZATION AND RELEASE

I HEREBY CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION AND ALL RELATED INFORMATION WHICH I HAVE PROVIDED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I EXPRESSLY AUTHORIZE THE RELEASE TO THE BIG SKY SCHOOL DISTRICT #72 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 ABUSE RECORDS, AND PREVIOUS EMPLOYERS. I HEREBY RELEASE AND DISCHARGE BIG SKY SCHOOL DISTRICT #72 AND ANY RESPONSIBLE PERSON(S) EMPLOYED BY BIG SKY SCHOOL DISTRICT #72 FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE RELATING TO INFORMATION PROVIDED TO THE EDUCATIONAL AGENCY AS PART OF THIS APPLICATION FOR EMPLOYMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_