

# Personnel Office

## PLAINS SCHOOL DISTRICT #1

P.O. Box 549  
Plains, MT 59859

AN EQUAL OPPORTUNITY EMPLOYER  
THAT ENCOURAGES APPLICATIONS  
FROM ALL PERSONS  
REGARDLESS OF RACE,  
RELIGION, SEX, AGE,  
NATIONAL ORIGIN,  
OR HANDICAP.

## CERTIFIED APPLICATION

### FOR DISTRICT USE ONLY

Date of application: \_\_\_\_\_

Materials:

App. Letter \_\_\_\_\_

Resume \_\_\_\_\_

Autobiography \_\_\_\_\_

Transcripts \_\_\_\_\_

Placement file \_\_\_\_\_

Certificate \_\_\_\_\_

Interviewed: \_\_\_\_\_

Rejection Letter: \_\_\_\_\_

Elected: \_\_\_\_\_

Position: \_\_\_\_\_

Creditable experience: \_\_\_\_\_

Degree \_\_\_\_\_

Qtr. Credits above degree \_\_\_\_\_

Starting step: \_\_\_\_\_

### APPLICATION OF:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

Present Address \_\_\_\_\_

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Telephone

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Telephone

Social Security Number \_\_\_\_\_

Citizen of U.S.? \_\_\_\_\_

For What Particular Position Are You Applying? \_\_\_\_\_

Major Area of Preparation \_\_\_\_\_

Minor Area of Preparation \_\_\_\_\_

When can you begin work? \_\_\_\_\_

Date of this Application \_\_\_\_\_

Are you currently under contract? \_\_\_\_\_

Dates of Contract \_\_\_\_\_

**COMPLETED EDUCATION:** (Omit sections addressed by resume or transcripts)

Name and Location of School	Completed Degrees	Date Graduated	Semester Hours	G.P.A.

Major Subject (s) and Semester Hours Credit \_\_\_\_\_

Minor Subject (s) and Semester Hours Credit \_\_\_\_\_

Additional Graduate Credits Taken Since Last Completed Degree \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE:** (Beginning Teachers Only)

Name and Location of School	Dates	Level of Experience: Subjects Taught

**TEACHING EXPERIENCE:** (Do not list substitute teaching, instructional aide work, or student teaching. List only contracted teaching experience.)

Name and location of School	Dates	Number of Years	Grades and Subjects Taught	Extracurricular Assignments

Total Years of Certified Service (Do not count partial years.) \_\_\_\_\_

**OTHER WORK and/or MILITARY EXPERIENCE:**

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**PERSONAL DATA:**

Since you are applying for a position that involves working with children, please complete the following section:

Have you within the past seven been convicted of or released from work because of assault, rape, child abuse, child molestation, extortion, blackmail, coercion, or any crime which involves drugs? \_\_\_\_\_ If yes, explain the nature of the crime, place and date.

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Since you are applying for a position that often involves handling of money or school district property, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion? \_\_\_\_\_ If yes, please explain the nature of the crime, place, and date.

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**PROFESSIONAL DATA:**

Are you working at the present time? \_\_\_\_\_ If so, where? \_\_\_\_\_

Phone: \_\_\_\_\_

May we contact your references, including your present employer, for recommendations? \_\_\_\_\_

(If no, please explain.) \_\_\_\_\_

May we have access to your personnel files from former employers? \_\_\_\_\_

Are you willing to attend and supervise school activities as assigned? \_\_\_\_\_

Will you participate willingly in committee and other professional work? \_\_\_\_\_

Please indicate areas where you have experience or ability to assist in our extracurricular program. This includes such areas as music, forensics, publications, and athletics

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**REFERENCES:** (Omit if addressed by resume or application letter.)

Give as references persons who are qualified to attest to your fitness for the positions you seek. Include especially persons for whom you have taught and those who know your ability and character.

DO NOT SAY "REFER TO MY CREDENTIALS."

Name and Title of Reference	Name of Business or School	Address and Telephone Number

**CERTIFICATION:**

Do you hold a valid Montana Certificate? \_\_\_\_\_ Folio Number \_\_\_\_\_

Class of Certificate \_\_\_\_\_, Level of Certificate \_\_\_\_\_, Expiration Date \_\_\_\_\_

Endorsements \_\_\_\_\_

If you do not hold a Montana Certificate, proof of application must be provided the Personnel Office before your application can be processed. Write to the Director of Certification, State Department of Public Instruction, Helena, Montana 59601, regarding your eligibility for a Montana certificate. Furnish information to this office regarding certification as soon as you receive it from the State Department. Plains School District #1 does not assume any responsibility for you certification. Failure to register your teaching certificate in the Office of the County Superintendent of Schools within the first sixty days of teaching will result in the District holding any further wages until your certificate is so registered.

**IMPORTANT:**

Applications will not be considered eligible for consideration unless all requested information is on file. It is your responsibility to request your college or university to provide us with a transcript and placement file. Further, all information on the application form should be accurately completed.

I hereby authorize Plains School District #1 to inquire as to my record with any or all of my former and/or current employers or references with no liability arising thereof. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature

Date