

JEFFERSON HIGH SCHOOL

Substitute Teaching Application PO Box 838, Boulder MT 59632 Phone:(406)225-3740 Fax:(406)225-3289

Date of Ap	oplication:_	· · · · · · · · · · · · · · · · · · ·						
PERSONAL	DATA:							
Name:			Address:					
Phone:(_)	Message Ph	none:()	E	mail:			
TEACHING	PREFEREN	CES: Please rank	three of the follow	ving using ".	1" to indicat	e your first prefere	nce.	
High School Mathematics Science English Vocational Family & Consumer Science Social Studies Physical Education Counselor Music Business Foreign Language Library Art Special Education								
Other interests not listed here:								
LICENSURE/CERTIFICATION: Do you hold a Montana Certificate/License? Folio Number: Class: Level: Please list your Endorsements:								
Number		Area	College Credits in this area	Number	Area College Credits in this area			
Have you ever held a teaching certificate? If yes, where? Have you ever had a teaching certificate revoked? If so, in which States:								
POST SECONDARY EDUCATION: List most recent first. Attendance School/Location Degree Credits Earned G.P.							d G.P.A.	
Dates								

May we contact your present employer? If not, please explain:									
Have you ever taught as a substitute teacher? Number of Years: Grade Levels:									
Have you ever taught as a paraprofessional/teachers aide? Number of Years: Grade Levels:									
REFERENCES: Please list three.									
Name	Phone	Address	Occupation						
PREFERENCES:									
Are you a Veteran? Dates of Service: Please list your military duties:									
CHILD SAFETY:									
Have you, within the past seven years, been released from prison or been convicted of any form of violence, such as assault, rape, child abuse, child molestation, extortion, blackmail, or any offense that involves drugs, embezzlement, fraud, stealing, or robbery? If yes, please attach a separate sheet explaining the nature, place and date of the crime.									
Do you consent to a fingerprint/background check as required by state and federal laws for employment in a school district?									
RELEASE OF LIABILITY									
I hereby authorize Jefferson High School to inquire as to my record with any or all of my former and/or current employers or references with no liability arising there from. I thereby guarantee the above information is true. I understand misrepresentation or omission of facts called for is cause for dismissal.									
Signature		Date							