



JEFFERSON HIGH SCHOOL

Teaching Application

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

Date of Application: _____ Position(s) for which you are applying: _____
Are you currently under contract?: _____

PERSONAL DATA:

Name: _____ Address: _____

Phone:(____) _____ Message Phone:(____) _____ Email: _____

TEACHING PREFERENCES: Please rank three of the following using "1" to indicate your first preference.

High School

- Mathematics: Specific Classes _____
- Science: Specific Classes _____
- English: Specific Classes _____
- Vocational: Specific Classes _____
- Family & Consumer Science _____
- Social Studies: Specific Classes _____
- Physical Education _____
- Counselor _____
- Music: Specific Classes _____
- Business & Technology: Specific Classes _____
- Foreign Language: Specific Languages _____
- Library _____
- Title I _____
- Gifted & Talented _____
- Art: Specific Classes: _____
- Special Education--- Self Contained Inclusive Combination of Both

Other interests not listed here: _____

EXTRACURRICULAR EXPERIENCES: Please indicate all areas you have either coached <c> or participated in <p>.

- | | | | | | |
|--|---|---|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Cheerleader | <input type="checkbox"/> Speech & Drama | <input type="checkbox"/> Play Production | <input type="checkbox"/> Annual | <input type="checkbox"/> BPA |
| <input type="checkbox"/> Class Advisor | <input type="checkbox"/> Model United Nations | <input type="checkbox"/> Chorus | <input type="checkbox"/> Band | <input type="checkbox"/> Newspaper | |

Other experiences/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 Dates	School/Location	Degree	Credits Earned	G.P.A.

Highest Degree Earned: _____ Total **quarter** credits earned beyond this degree: _____
 (1 semester = 1.5 quarter credits)

Please list the additional credits: _____ G.P.A.: _____

Class	Credits	Class	Credits	Class	Credits	Class	Credits

STUDENT TEACHING EXPERIENCE: *Beginning Teachers Only.*

Employment Dates	School Name Address & Phone/Supervising Teacher	Level of Experience/ Subjects Taught

TEACHING EXPERIENCE: *List most recent position that required certification and was under a teaching contract, first. DO NOT include substitute teaching, aide or paraprofessional experience or student teaching.*

Employment Dates	School Name Address & Phone	Grades & Subjects Taught	Extra-Curricular Assignments

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?_____ Does OPI have your fingerprint/background check on file?_____

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

Supplemental Items Attached:

- Letter of Interest
- Resume
- Copy of Certificate/License

Items Available Upon Request:

- Transcripts
- Placement File or Letters of Reference
- Explanation Letter (if necessary)