

CURRENT EMPLOYMENT STATUS:

Are you presently under contract? Yes No If so, where? _____

Work Phone Number _____ May we contact your current employer? Yes No

If no, please explain: _____

TEACHING EXPERIENCE: List **only** contracted experience. Do **not** list substitute teaching, work as an instructional assistant, or student teaching. (Attach Separate Sheet if Necessary)

Name & Location of School	Dates	# Yrs.	Grades/Subjects Taught	Extracurricular Assignments

TOTAL YEARS OF CERTIFIED SERVICE. -- DO NOT COUNT PARTIAL YEARS. _____

Have you been discharged or requested to resign from any position? Yes No

If YES, please explain:

VETERAN'S PREFERENCE

Are you claiming Veteran's Preference under MCA 39-29-101; IMP. 39-29-101 et. seg. MCA?				
Yes	No	If yes, are you a Disabled Veteran?	Yes	No
Branch of Service: _____		Date of Service: _____		
Military Duties: _____		Discharge Status: _____		

SINCE YOU ARE APPLYING FOR A POSITION THAT MAY INVOLVE WORKING WITH CHILDREN OR HANDLING OF MONEY OR SCHOOL DISTRICT PROPERTY, PLEASE COMPLETE THE FOLLOWING SECTION:

Have you ever served any portion of a criminal sentence or been convicted of any offense that involved any form of violence such as assault, rape, child abuse, child molesting, extortion, embezzlement, fraud, stealing, robbery, blackmail, coercion, or any crime which involved drugs?

Yes No If **YES**, explain the nature of the crime, place, and date of correction or sentence.

PERSONAL REFERENCES

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

DO NOT WRITE, "REFER TO MY CREDENTIALS."

Name	Address	City	State	Zip	Phone #

TO THE APPLICANT:

After completing this form, return it to:

Office of the Superintendent
Libby School District No. 4
724 Louisiana Avenue
Libby, MT 59923

IMPORTANT: READ BEFORE SIGNING

I understand and agree that I may be subject to immediate dismissal from employment if it shall subsequently be determined or discovered that the answers herein are untrue and/or that I have failed to disclose a material fact.

I authorize investigation of all statements and matters contained in this application or which the Board of Trustees of the Libby Public Schools or their agents may deem relevant to my employment. I authorize the Libby School District to perform a background check as a condition of employment. And I authorize all my previous employers or persons having information concerning me or my record to report such information to the Libby Public Schools. I release each such person(s) from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures whether favorable or unfavorable.

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with the rules and regulations of the employer, and to obey all lawful directives of supervisors designated by the employer.

I have read and understand all portions of this application and have answered all questions completely and truthfully.

DATE:

SIGNED:

Signature of Applicant

"Libby Public Schools does not discriminate on the basis of sex, handicap, race, color, or national origin in its employment policy, procedure, or practice." Inquiries concerning the application of Title IX, Section 504, or Title VI may be referred to:

Jael Prezeau, Coord.
Title IX, Section 504
Libby Public Schools
Libby, MT 59923

OR

Rik Rewerts, Coord
Title IX, Section 504
Libby Public Schools
Libby, MT 59923

OR

Regional Director
Office of Civil Rights
U.S. Department of Education
1961 Stout Street
Denver, CO 80294

EMPLOYMENT HISTORY

List your work experience beginning with your most recent employer. Include work done while going to school. Account in this section as fully as possible for all occupied time, both paid and unpaid, since you left school.

PRESENT OR LAST EMPLOYER			DESCRIBE WORK EXPERIENCE/DUTIES
ADDRESS			
POSITION TITLE	HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? YES NO	
DATES EMPLOYED FROM TO	NAME OF SUPERVISOR	PHONE	
REASON FOR LEAVING			
WAS YOUR SALARY PAID (CHECK ONE) HOURLY WEEKLY MONTHLY			
BEGINNING SALARY	ENDING SALARY		

PRESENT OR LAST EMPLOYER			DESCRIBE WORK EXPERIENCE/DUTIES
ADDRESS			
POSITION TITLE	HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? YES NO	
DATES EMPLOYED FROM TO	NAME OF SUPERVISOR	PHONE	
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WAS YOUR SALARY PAID (CHECK ONE) HOURLY WEEKLY MONTHLY			
BEGINNING SALARY	ENDING SALARY		

TEACHERS' SUPPLEMENTARY APPLICATION QUESTIONS

Please respond to the following questions:

1. Do you have a valid Montana Teaching Certificate? Yes No

Folio No. _____ Class _____ Level _____

Endorsements

No.

Area

College Credits in Specific Areas

Other Areas of Concentration

Subject

Credits

Teaching Major _____ Minor _____

Other Training/Skills _____

2. Have you ever held a teaching certificate? Yes No

If so, in what state(s)? _____

3. Have you ever had a teaching certificate revoked? Yes No

If so, in what state(s)? _____

4. Student teaching:

If so, in what state(s)? _____

When _____ Where _____ Grade Level _____

Subject (s) Taught _____

Supervisor _____

Phone _____ Address _____

5. Indicate your teaching preferences:

Level/Program	Elementary	Middle School (5-8)	High School
	Grade(s) Preferred		
Special Education	Other		
	Pre-School	Reading Resource Room	
	Resource/Self-Contained	Library	
	Counselor	Gifted Education	
	Moderate Handicapped/ Self-Contained	Severely Handicapped/ Self-Contained	
Environment Preferred	Open Concept	Team-Teaching	
	Traditional Instruction	Self-Contained	
	Other		

6. Describe organizations, memberships, activities, special awards, honors, and/or recognitions you have received which relate to or enhance your ability to perform the position for which you have applied.

7. Briefly describe your approach to classroom management. Include comments on student discipline.

8. In dealing with a wide range of student abilities, what skills/methods would you utilize to provide:

a. enrichment for your students?

b. accommodations for students with learning problems?

9. What are your plans to enhance your professional training?

10. What special skills would you bring to this position?

11. What extra or co-curricular positions would you be interested in coaching? Please select each option:

Coach

Football
Softball

Boys

Basketball
Volleyball

Wrestling
Tennis

Girls

Track
Cross-Country

Golf
Soccer

Supervise

Chorus
Debate

Yearbook
Cheerleader

Drama
Speech

Band
BPA

Newspaper

Others _____

COACH PERSONAL PHILOSOPHY:

Briefly explain your philosophy as it applies to the following:

Only answer the coaching personal philosophy questions if you are interested in coaching.

Value of Activities

Treatment of Participants

Sportsmanship

Winning

12. In summary, why should you be selected for an interview for this position?

Federal law requires proof of citizenship or alien right-to-work status. Federal guidelines require that proof must be provided within, but never longer than, three business days of your first workday.

Your application will remain on file for 24 months. During this time, if you wish to be considered for other positions, please notify us.