

***CERTIFIED APPLICATION***

*Sunburst School District No. 2 is an equal opportunity employer that encourages applications from all persons regardless of race, color, religion, sex, national origin, age, marital status, national origin, or the presence of a non-job-related medical condition or handicap.*

APPLICATION FOR THE POSITION OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Last Name First Name Middle Name

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

Box or Street City State Zip Code

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

Box or Street City State Zip Code

TELE PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Work Cell Other

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Montana teaching certificate? \_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Folio Number: \_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_ Level: \_\_\_\_\_ Endorsements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you certified in any other state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_ Expires \_\_\_\_\_\_\_\_\_\_\_

Would you qualify for a Montana teaching certificate if you do not have one at this time? \_\_\_\_\_\_\_\_\_\_\_

Are you currently under contract? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed by Sunburst School District #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, indicate locations and dates below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Since you are applying for a position that involves working with children and the occasional handling of money, please complete the following section:**

1. Have you, within the past seven (7) years served a portion of f felony criminal sentence or been convicted of any offense that involved embezzlement, fraud, theft, robbery, extortion, blackmail, or any form of violence such as assault, rape, child abuse, child molesting, coercion, or any FELONY crime which involves drugs? \_\_\_\_\_\_\_ If so, please explain the nature of the crime, place, and date of correction or sentence on an attached sheet of paper?
2. Are you a veteran of the US Armed Forces? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please indicate your dates of service and duty assignment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you working at the present time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. May we contact your references, including your present employer, for references? \_\_\_\_\_\_\_\_\_\_\_

If not, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you willing to attend and supervise school activities as assigned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Will you participate willingly in committee and other professional work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you a citizen of the United States? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, are you lawfully able to become employed in the US at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, proof of immigration status authorizing employment will be required prior to presentation of your application to the Board of Trustees for employment.

1. Do you have any family, to the first cousin degree, who are on the School Board of Trustees? \_\_\_\_\_\_\_\_

If so, please give their name and your relationship to them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you suffer from any disability that might prevent you from performing the essential aspects of the job applied for in a safe and efficient manner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please describe the restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# EDUCATION

School name & location Dates attended Major Degree Date Graduated

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High School

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College

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College

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Graduate School

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Other

# PROFESSIONAL ORGANIZATIONS

List any activities, skills, or roles in organizations which may contribute to your teaching and/or administrative effectiveness.

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# JOB RELATED SKILLS

List any additional skills, abilities, or certifications that may contribute to your effectiveness as a teacher/administrator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# EXPERIENCE/PREVIOUS EMPLOYERS

List places of employment, starting with your present or most recent employer. Use an additional sheet of paper if needed.

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Present Employer Your Position Responsibilities

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Address (No. & Street) Date Employed From (mo/yr to mo/yr)

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City State Zip Code Name and Title of Supervisor

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Telephone Number Reason for leaving

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Previous Employer Your Position Responsibilities

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Address (No. & Street) Date Employed From (mo/yr to mo/yr)

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City State Zip Code Name and Title of Supervisor

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Telephone Number Reason for leaving

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Previous Employer Your Position Responsibilities

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Address (No. & Street) Date Employed From (mo/yr to mo/yr)

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City State Zip Code Name and Title of Supervisor

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Telephone Number Reason for leaving

# PERSONAL REFERENCES

Please give three references (not relatives) who have first-hand knowledge of your character, personality, scholarship, and professional ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Address Telephone No.

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Name and Title Address Telephone No.

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Name and Title Address Telephone No.

**SUPPLEMENTARY QUESTIONS**

WHAT ARE/WERE YOUR THREE MOST IMPORTANT REASONS FOR WANTING TO BE A TEACHER/ADMINISTRATOR?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WHAT THREE THINGS DO YOU MOST WANT TO KNOW ABOUT YOUR STUDENTS IN ORDER TO BE MOST HELPFUL TO THEM?

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WHAT KEY COMPONENTS DO YOU BELIEVE MUST BE INCLUDED IN LESSON PLANS?

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WHAT CORE TEACHING STRATEGIES DO YOU BELIEVE ARE MOST EFFECTIVE?

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IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD TO HELP US KNOW YOUR BASIC VIEWS ABOUT TEACHING?

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EXPLAIN BRIEFLY WHY YOU ARE APPLYING FOR A POSITION WITH SUNBURST SCHOOLS:

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**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am seeking employment assignment with the Sunburst School District No. 2. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Sunburst Schools. I hereby expressly and voluntarily give the Sunburst School District the right to make a thorough investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in Section 44-5-103(3), MCA, to the staff of Sunburst School District No. 2 and its agents. I understand that the Sunburst School District Num. 2 reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the Sunburst School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Print Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***To be complete, your application packed must also include a letter of application, current resume, three to five letters of recommendation, a copy of your teaching license and a copy of your college transcripts.***

***Successful applicants will need to complete an Application Rights & Consent to Fingerprint including the NCPA/VCA Applicant Form, an I-9 and a W-4 and provide a set of Fingerprints for processing.***