

WHITEHALL SCHOOL DISTRICT 4-47-2



P. O. Box 1109
1 West Yellowstone
Whitehall, Montana 59759
406-287-3455
406-287-3843 FAX

EMPLOYMENT APPLICATION
FOR
SUBSTITUTE TEACHER

AN EQUAL OPPORTUNITY EMPLOYER

Phone: _____ Date _____

Name: _____
(Last) (First) (Middle Initial)

Present Address: _____
(Street/Box) (City) (State) (Zip Code)

1. Check the grade levels in which you prefer to substitute:

K-5 ___ 6-8 ___ 9-12 ___

2. If your preference is grade 7 or above, please list the subjects/areas you would substitute in:

3. Please indicate the highest level of education that you have successfully completed:

High School ___ 2 years College ___ 4 years College ___ More than 4 years College ___

4. Please list any special training or experience you have which would benefit you in substituting in your preferred area(s):

5. Please list any background you have working with children.

CERTIFICATION

Do you hold a valid Montana Teaching Certificate? _____ (Please include a copy with this application.)

Information regarding your eligibility for Montana certification may be secured from: Director of Certification; Office of Public Instruction; Helena, MT. 59620. This district does not assume any responsibility for your certification.

PERSONAL/PROFESSIONAL DATA

Are you an American Citizen? _____

Have you ever been convicted of a felony? _____ If "yes", what? Where? _____

(Not necessarily a bar to employment.)

Do you claim veteran's preference? _____ Branch of Service _____ Dates of service _____

REFERENCES

Should include employers for whom you have worked and who have first hand knowledge of your character, personality, teaching abilities, and attitude.

Name

Phone Number

Official Position

I understand that in filing this application my work experience, character, attitude and related information is subject to investigation to determine the desirability of my employment with the Whitehall School District, and that this information will be kept confidential. I grant permission for such an investigation to be conducted.

Applicants Signature _____ Date _____

I authorize a name-based and fingerprint criminal background investigation to determine if I have been convicted of certain criminal or drug offenses.

Applicants Signature _____ Date _____

THANK YOU FOR YOUR INTEREST IN THE WHITEHALL SCHOOLS