

Malta Public School District 14A

**Box 670
Malta, MT 59538
406.654.1871**

School Administration

Application Form

Please submit the following material.

1. A letter of application
2. A completed application form
3. A current resume'
4. Transcripts
5. Three current letters of reference
6. Certification documentation

Please Type or Print Clearly Using a Pen

Today's Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Do you hold a valid Administrative Certificate? *If No, please give details in your letter of application.*

Montana: Yes No Expiration Date: _____

Other State Yes No Expiration Date: _____

Please answer the following questions.

1. Do you have the legal right to work in the United States? Yes No

2. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No

If yes, please explain. Include date of discharge or resignation and reason.

3. I hereby certify that (check the applicable box and provide the information requested) . . .

I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of *nolo contendere/no* contest (minor traffic offenses excepted).

I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. This may not necessarily disqualify a person from consideration for employment.

Record of Professional Preparation:

Institution	Graduation Date	Major	Degree

Employment History: Please list all full-time experience in the field of education. (present position first).

Title	Dates	District and State	Enrollment	Salary

References: List three administrators and/or school board members familiar with your career whom we may contact.

Name and Title	Address	Business Phone	Home Phone

Briefly respond to the following.

1. What is your most important accomplishment during the past five years as you worked to improve student learning?

2. Describe the kind of relationship you hope to have with a school board or staff.

3. Summarize your management/leadership style or philosophy.

4. Describe two of the most critical issues or trends you feel will affect the future of education and why these issues or trends are important to the Malta School District.

5. How would you spend the first three months as the Elementary Principal?

Materials should be mailed to: Malta Public Schools
c/o Kris Kuehn, Superintendent
Box 670
Malta, MT 59538

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Applicant's Signature

Date

Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Proof of Employability, TB Test

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of verification of employment eligibility in the United States pursuant to Form 1-9 of the U.S. Department of Justice.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test within the past year. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

Authorization to Release Employment Records

If employed by a school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

The school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment.

Applicant Signature*

Date

***All Applications MUST be signed.**

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking administrative employment or volunteer assignment with a Montana School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of children. I hereby expressly and voluntarily give the School District and its agent, the Montana School Boards Association, 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 the School District and its agents. I understand that the School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the 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 for 180 days or until revoked in writing by me.

Signature _____ Date _____

Print Full Name:

First

Middle

Last

Print Full Address:

City

State

Zip

Date of Birth: _____

Soc Sec Number: _____

STATE OF _____)

: ss.

County of _____)

On this ____ day of _____, 200__, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that he/she executed the same as his/her free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public, State of _____

County of _____

My commission expires _____

OPTIONAL - AFFIRMATIVE ACTION INFORMATION - OPTIONAL

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: _____ Age: _____

Sex: _____ Ethnic Group: _____