

**MALTA PUBLIC SCHOOLS**

*"A Tradition of Excellence"*

Box 670

Malta, Montana 59538



**To complete the application packet, please include the following:**

1. Letter of Interest
2. Completed application
3. Copy of transcripts
4. 3 Letters of reference
5. Resume
6. Copies of Certificates

**MALTA PUBLIC SCHOOLS**  
*"A Tradition of Excellence"*  
 Box 670  
 Malta, Montana 59538

Date Received  
 Date Interviewed  
 Initials

## APPLICATION FOR CERTIFIED EMPLOYMENT

Name in full

Last:

First:

Middle:

Temporary Mailing Address

Street:

City:

State/  
 Zip Code:

Permanent Mailing Address

Street:

City:

State/  
 Zip Code:

Telephone Number - Temporary:

Permanent Number:

Address until what date? Temporary:

Permanent:

Social Security Number:

List, in order of preference, the grade levels you prefer to teach:

1.

2.

3.

4.

If your preference is junior or senior high, list subjects:

1.

2.

3.

4.

Which extra curricular activities would you be qualified for, and would accept, as an assignment for which extra pay is given?

Speech

Drama

Basketball

Band

Track

Wrestling

Football

Chorus

Golf

Cheerleading

Concessions

FCCLA

FFA

Annual

Class Sponsor

Other:

Volleyball

Academic Olympics

What are your hobbies or avocations:

Education: Full information and dates are required.

Schools Attended	Name & Location	Major	Minor	Diploma or Degree	Dates From To	When Graduated
College or Universities						
Graduate School						
Other Schools						

Number of Quarter\Semester Hours in Major:

In Minor:

Describe the Montana certificate you now hold, if any. You must be eligible for a Montana certificate to be considered.

Class	Level	Subject Endorsements	Date Issued	Date of Expiration

Folio Number:

Data regarding practice teaching\field experiences (1 to 3 weeks) (Persons with three years or more teaching experience need not complete this portion).

City & School in Which Practice Teaching /Observation was completed	Name of Cooperating Teacher	Grades or Subjects Taught\Observed	Dates From To	No. of Months	Hour Per Week

College Supervisor(s) Name and Address


Complete history of teaching experience. This information is used to determine beginning salary. List last employer first. **ACCURATE AND COMPLETE INFORMATION IS REQUIRED.**

Employer Name City, State	Grades or Subjects Taught or Work Experience	Dates From To (mm/yy)	No. of Months	Time Full Part

References: Include names of supervisors and/or consultants who know of our teaching or work experience.

Name	Business/School Name	Telephone Number	Position Held

Military

Dates of Service:	Branch:	Reserves:	Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever applied for a teaching position in Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, <input type="checkbox"/> Regular <input type="checkbox"/> Substitute	Dates:
Have secured from the registrar and included or sent us your transcripts of work taken? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please do so. (Pencil in incomplete courses on transcript)	
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (Since this item is not necessarily a bar to employment, if "Yes" please comment):	
Are you under contract to another school system at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a release must be obtained before an offer can be made to you.	
If contracted when could you begin work?	
I hereby authorize Malta Schools to inquire as to my record with any and all of my former, current employer or references with no liability arising there from. The District may require a background check. I guarantee the correctness of this application. The making of any false statement herein will be sufficient cause for dismissal. I understand that misrepresentation or omission of facts called for is cause for dismissal.	
<b>I VERIFY THAT THE ABOVE STATEMENTS ARE TRUE AND FACTUAL.</b>	
Date:	Signature of Applicant: