

SHERIDAN PUBLIC SCHOOLS

P.O. Box 586, Sheridan, MT 59749

Sheridan Elementary

"Where learning and opportunity equal success"
406-842-5302

Sheridan High School

"Home of the Panthers"
406-842-5401

EMPLOYMENT APPLICATION

1. Name _____ Soc. Security No. _____ - _____ - _____
Last First Middle

2. Temporary Address: _____ Permanent Address: _____
Street or P.O. Box Street or P.O. Box

_____ _____
City, State, Zip City, State, Zip

_____ _____
Telephone No. Telephone No.

3. **Education:** Full information dates are required.

<i>Name of School</i> (College/Universities/Graduate/Other)	<i>Address</i> (City/State/Zip)	<i>Major</i>	<i>Minor</i>	<i>Diploma/Degree</i> <i>Received</i>	<i>Dates</i> <i>Attended</i>

4. Number of quarter hour credits: Major _____ Minor _____ Adm. _____

5. Describe the Montana certificate you now hold, if any. Folio No. _____

(*You must be eligible for a Montana certificate to be considered.)

<i>Class</i>	<i>Level</i>	<i>Subject endorsements</i>	<i>Date Issued</i>	<i>Exp. Date</i>

6. Certificates for which you are eligible: Elementary Secondary Administration

7. **References:** *Please list at least 4 references that would be able to speak about your qualities as they relate to this teaching position.*

<i>Name/Title</i>	<i>School or Business</i>	<i>Address/Phone</i>
1.		
Comments:		
2.		
Comments:		
3.		
Comments:		
4.		
Comments:		

8. Complete history of teaching experience.

<i>Employer/Supervisor</i>	<i>Grades, Subjects, or Position</i>	<i>Dates From/To</i>
Name: Address: City/State: Position: Phone #:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Name: Address: City/State: Position: Phone #:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Name: Address: City/State: Position: Phone #:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Name: Address: City/State: Position: Phone #:	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	

9. Military:

<i>Branch</i>	<i>Date of Service</i>	<i>Reserves or Discharged</i>
Other information:		

10. Have you ever applied for a position in Sheridan? Yes No
 If yes, give dates/position applied for and or positions filled.

<i>Dates/Positions</i>	<i>Check one</i>	
	<i>Regular</i>	<i>Substitute</i>

11. Transcripts and recommendations must be forwarded to our office as soon a possible. No action will be taken on your application without them. Most placement offices do not include transcripts with recommendations.

12. Have you ever been convicted of a criminal offense? Yes No
(Since this item is not necessarily a bar to employment, if “yes” please comment.

13. Are you currently under contract to another school system? Yes No
If yes, a release from contract must be obtained before an offer can be made to you.

14. If appointed, when could you begin work? _____

COMMENTS: _____

I VERIFY THAT THE ABOVE STATEMENTS ARE TRUE AND FACTUAL

Signature of Applicant _____ **Date** _____

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer assignment with the Sheridan School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Sheridan School District. I hereby expressly and voluntarily give the Sheridan 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 the Sheridan School District and its agents. I understand that the Sheridan 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 Sheridan 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. I realize that in the event that I am hired by the Sheridan School District, I may also be fingerprinted.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print Full Name: _____

Print Full Address: _____

City

State

Zip

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)

: ss.

County of _____)

On this _____ day of _____, 20_____, before me, a notary public of the State of Montana, personally appeared _____, known to me 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 Montana
County of _____
My commission expires _____