

# LAUREL PUBLIC SCHOOLS

## SCHOOL DISTRICT No. 7 and 7-70

410 Colorado Avenue  
Laurel, MT 59044



Dear Applicant:

Thank you for your interest in an administrative position with the Laurel Public Schools. Please only submit an application for positions publicized as open. Your application will be considered complete when **all** of the items listed below have been received by our Human Resources department.

1. Letter of Interest
2. Administrative Application form (attached here)
3. Transcripts (copies are OK for application process; if hired originals will be required)
4. Copy of Educator/Administrator License
5. Resume or 500 Word Work History
6. Three (3) Letters of Reference

Please submit your application packet to Laurel Public Schools Administration Office:

Laurel Public Schools  
Attn: Human Resources  
410 Colorado Avenue  
Laurel, MT 59044  
Phone: (406) 628-8623  
Fax: (406) 628-8625  
[www.laurel.k12.mt.us](http://www.laurel.k12.mt.us)

Applications of candidates not hired will remain on file for two years from the date of submission. If you wish to be considered for subsequent positions, you would need to submit a Letter of Interest for the specific position to activate your packet for consideration. If you have any questions or need further information, please contact our Human Resources department.

Again, thank you for your interest in being a part of our quality staff!

# LAUREL PUBLIC SCHOOLS

Administration Office

410 Colorado Avenue \* Laurel, MT 59044

Phone: (406)628-8623 \* Fax: (406)628-8625

## ADMINISTRATOR APPLICATION FORM

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle

SSN \_\_\_\_\_ US Citizen? \_\_\_\_\_ If not, explain (use separate page if  
necessary) \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you hold a valid Montana Administrator's Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Provisional \_\_\_\_\_

If not, please comment \_\_\_\_\_

If yes, what type(s)? (1) \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

(2) \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any extensive travel experiences you have had. \_\_\_\_\_  
\_\_\_\_\_

Foreign Languages spoken: 1. \_\_\_\_\_ 2. \_\_\_\_\_

List Professional memberships including offices held, honors / awards received, publications, civic and  
community activities, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MILITARY SERVICE INFORMATION

Have you ever served in the U.S. Armed Forces? Branch \_\_\_\_\_ Dates: From \_\_\_\_\_

To \_\_\_\_\_ Rate/Rank \_\_\_\_\_ Reserve Status \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATIONAL AND PROFESSIONAL BACKGROUND**

Name of HS & College or University Attended	Address	City	State	Diploma / Degree &/or Semester Hours	Major Field of Concentration	Dates of attendance

Graduation Hours completed:    Beyond BA/BS Degree \_\_\_\_\_                  Beyond MA Degree \_\_\_\_\_

Major Field(s) (1) \_\_\_\_\_ Sem. Hrs \_\_\_\_\_    Minor Field(s) (1) \_\_\_\_\_ Sem Hrs \_\_\_\_\_

(2) \_\_\_\_\_ Sem. Hrs \_\_\_\_\_    Minor Field(s) (2) \_\_\_\_\_ Sem Hrs \_\_\_\_\_

**TEACHING OR PROFESSIONAL EXPERIENCE**

Name of School & District	Address	Assignment	Start Date	End Date	Extra-curricular Activities

**RECENT ADMINISTRATIVE EXPERIENCE**

Employer	Address	Position	Start Date	End Date

**PERSONAL REFERENCES**

Give names and complete addresses of references that are familiar with your personality, character, and work habits. Do not include personal friends, relatives or those references in your placement records.

Name	Address	Official Position	Phone

All references listed above will be contacted.

Are you currently under contract? No \_\_\_\_\_ Yes \_\_\_\_\_ With Whom? \_\_\_\_\_

State the reason for leaving your present or last position \_\_\_\_\_

What is your present or last salary? \_\_\_\_\_ Position \_\_\_\_\_

What date would you be available to begin a new position? \_\_\_\_\_

**APPLICANTS PLEASE NOTE:**

I understand by submitting my application for an administrative position with the Laurel Public Schools, that a search committee will have access to my personnel file. The search committee will review material that may, under certain circumstances, be considered confidential. By submitting my application, I hereby waive the confidentiality of any records deemed pertinent to the application process by the committee. It is the responsibility of the candidate to arrange for the transmittal of recent and official placement credentials, copies of transcripts, letter of reference and verification of experience to the Department of Human Resource Services.

I certify that all the information given on this application is true and complete. I authorize you to make such investigations and inquire of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I further authorize all employers, schools or persons to respond fully to any inquiries by you and to release any information requested by you in connection with my application. I understand and agree to comply with administrative certification requirements of the State of Montana, and requirements of the Laurel School District of Yellowstone county, Montana, including any health examination the Laurel School District may deem necessary. I understand that obtaining employment through false or incomplete statements may be grounds for dismissal.

\_\_\_\_\_  
Typed or Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



HANDICAPPED:

Are you a handicapped or disabled citizen?      No \_\_\_\_\_      Yes \_\_\_\_\_

If "Yes," please list any physical limitations that should be considered in job placement.

Check any major disability you have which may have impeded your securing, retaining, or advancing in employment.

Hearing Impairment       Visual Impairment

Mobility Impairment       Mental Impairment

Multiple Disabilities       Other

Are you a veteran? \_\_\_\_\_ Dates of Service \_\_\_\_\_

Military Duties \_\_\_\_\_

Since you are applying for a position that involves working with children, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs?

\_\_\_\_No      \_\_\_\_Yes      If "yes," explain the nature of the crime, place, and date.

Since you are applying for a position that often involves handling of money or school district property, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion?

\_\_No      \_\_\_\_Yes      If "yes," explain the nature of the crime, place and date.

The next page is an official form rendering Authorization to Release Information. Please DO NOT SIGN IT UNTIL IN THE PRESENCE OF A NOTARY.

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, am seeking employment with the Laurel School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the District. I hereby expressly and voluntarily give the 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), and 41-3-205 (3) (0) MCA, to the staff of the District and its agents. I understand that the 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 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 provision of Title 44, Chapter 5, Part 3, and Title 41, Chapter 3, MCA.

PRINT FULL NAME \_\_\_\_\_

PRINT FULL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:

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

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**This document is effective until revoked in writing by me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO THE APPLICANT:**

After completing this form, please return it to the Human Resources office, Laurel School District No 7 & 7-70, 410 Colorado Avenue, Laurel, MT 59044. Or you may send it by fax to: (406) 628-8625.

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**FOR DISTRICT USE ONLY:**

DATE APPLICATION RECEIVED: \_\_\_\_\_

APPLICATION MATERIALS RECEIVED

SUPPLEMENTAL QUESTIONS \_\_\_\_\_

TRANSCRIPTS \_\_\_\_\_

PLACEMENT FILE OR LETTERS OF REFERENCE \_\_\_\_\_

CERTIFICATE COPY \_\_\_\_\_

PROFESSIONAL WORK HISTORY \_\_\_\_\_

Position(s) Applied For	Date (s)	Interview(s)	Date(s)

DATE HIRED \_\_\_\_\_ POSITION \_\_\_\_\_

DATE STARTING EMPLOYMENT \_\_\_\_\_ BUILDING \_\_\_\_\_