

LAUREL SCHOOL DISTRICT NO. 7 & 7-70  
410 Colorado Avenue, Laurel, MT 59044  
PH: (406) 628-8623 \* FAX: (406) 628-8625  
Website: www.laurel.k12.mt.us

INFORMATION FOR APPLICANTS FOR TEACHING POSITIONS

APPLICATION: Thank you for your interest in teaching in the Laurel School District.

We accept applications only for positions currently posted as open. Your application will only be considered when **all** of the items listed below have been **received** at the district office:

1. Letter of Application
2. District Application Form
3. Resume (OR a 500-word essay outlining work history)
4. Transcripts (Copies are O.K.; if hired, originals will be required)
5. Copy of Educator License
6. Three Letters of Recommendation (OR College Placement File)

CERTIFICATION A valid Montana Educator License is required in order to teach in the District.

- \* If you have recently completed the requirements for a Montana Educator License and are in the process of attaining one, **proof of application** must be provided before your application will be considered.
- \* If you do not have a current Certificate, you should contact the Office of Public Instruction in Helena, Montana regarding your eligibility.
- \* If your Certificate has expired, you should contact either your college/university or the Office of Public Instruction in Helena, Montana.

COMMUNICATION Please submit your application packet to the address listed above.

You may wish to contact the Administration Office regarding the status of your application or the current employment situation. You will **not** be notified that your application is missing any of the required items; and your application will not be considered if it is incomplete.

You will be contacted by phone if you are selected as a candidate for interview.

Notices of vacancies within the District are posted on school bulletin boards and in the Administration Office, as well as on the school website and the website of Montana's Office of Public Instruction.

APPLICATIONS Applications will remain on file for two years. In order to be considered for subsequent openings, you must notify the Administration Office **in writing** (letter of interest) to activate your application for a specific position.

*PLEASE KEEP THIS PAGE FOR YOUR OWN REFERENCE*

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**CERTIFIED TEACHER APPLICATION**

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_

City State Zip Code

Permanent Address \_\_\_\_\_

City State Zip Code

Telephone Number \_\_\_\_\_  
Home Work/Message

For What Particular Position Are You Applying? \_\_\_\_\_

Major/Minor Area of Preparation \_\_\_\_\_

Are You Currently Under Contract? \_\_\_\_\_ Dates of This Contract \_\_\_\_\_

Name of District and Location \_\_\_\_\_

When Can You Begin Work? \_\_\_\_\_



**CERTIFICATION:**

Do you hold a valid Montana certificate? \_\_\_\_\_ Folio Number \_\_\_\_\_

Class of Certificate \_\_\_\_\_ Level of Certificate \_\_\_\_\_ Expiration Date \_\_\_\_\_

Endorsements \_\_\_\_\_

If you do not hold a Montana certificate, proof of application must be provided to the Administration Office before your application can be processed. Write to the Director of Certification, Office of Public Instruction, PO Box 202501, Helena, MT 59620-2501 regarding your eligibility for a Montana certificate. Furnish information to this office regarding certification as soon as you receive it. Laurel School District No. 7 & 7-70 does not assume any responsibility for your certification. Failure to register your teaching certificate in the office of the County Superintendent of Schools within the first sixty days of teaching will result in the District holding any further wages until your certificate is so registered.



LAUREL SCHOOL DISTRICT NO. 7 & 7-70 IS AN EQUAL OPPORTUNITY EMPLOYER THAT ENCOURAGES APPLICATIONS REGARDLESS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP. THE INFORMATION CONTAINED ON THIS FORM IS SOUGHT IN GOOD FAITH. IT WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST AN APPLICANT FOR EMPLOYMENT IN VIOLATION OF STATE OR FEDERAL LAW.

**EDUCATION:**

	Name & Location of School	Completed Education Degrees	Date Graduated	Semester Hours	Cumulative G.P.A.
High School					
College/University					
College/University					
Graduate &/or Technical School					
Graduate &/or Technical School					

(NOTE: Please indicate if your credits are in "quarter" hours)

Major Subject(s) and Semester Credits \_\_\_\_\_

Minor Subject(s) and Semester Credits \_\_\_\_\_

Additional Education Credits Since Education Degree \_\_\_\_\_

Additional Graduate Credits Since Education Degree \_\_\_\_\_

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**STUDENT TEACHING EXPERIENCE: (Beginning Teachers Only)**

Name & Location of School	Dates	Level of Experience	Subjects Taught

**TEACHING EXPERIENCE:** (Do not list substitute teaching, instructional aide work, or student teaching. List only contracted teaching experience. This section must be completed even if a resume is submitted.)

Name & Location of School	Dates	Number of Years	Grades and Subjects Taught	Extra-Curricular Assignments

(Continue on Separate Sheet If Necessary.)

Total Years of Certified Service: (Do not count partial years) \_\_\_\_\_

**PROFESSIONAL DATA:**

Are you working at the present time? \_\_\_\_\_ If so, where? \_\_\_\_\_

\_\_\_\_\_ Work Phone No. \_\_\_\_\_

May we contact your references for recommendations, including your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If "no" please explain.) \_\_\_\_\_

Are you willing to attend and supervise school activities as assigned? \_\_\_\_\_

Are you willing to participate in committee and other professional work? \_\_\_\_\_

Please indicate the areas where you have the experience or ability to assist in our extra-curricular programs. This includes areas such as music, publications and athletics.

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



**REFERENCES:**

Give as references persons who are qualified to attest to your fitness for this position. Specifically, include persons for whom you have taught and who know your ability and character.

**DO NOT SAY, "REFER TO MY CREDENTIALS"**

Name and Title of Reference	Name of Business or School	Address and Telephone Number



**IMPORTANT**

**Applications will not be considered eligible for consideration unless all the required information is complete. It is your responsibility to request your college or university provide us with a placement file. Complete all information on the application form. Include a five hundred (500) word type written work history covering your professional career. You may submit a copy of your resume.**

**I hereby authorize Laurel School District No. 7 and 7-70 to inquire as to my record with any and/or all of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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: \_\_\_\_\_

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LAUREL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY  
AFFIRMATIVE ACTION EMPLOYER

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. Therefore, we ask applicants to volunteer the following information.

This form is maintained separately from application materials and is used for statistical record keeping purposes only. All information is considered confidential.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

SEX: \_\_\_ FEMALE \_\_\_ MALE DATE OF BIRTH: \_\_\_\_\_  
Month / Day / Year

POSITION APPLIED FOR: \_\_\_\_\_

Please check the one box which best describes your race/ethnicity:

- WHITE (not of Hispanic origin)  
A person having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK (not of Hispanic origin)  
A person having origins in one of the black racial groups of Africa.
- HISPANIC  
A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER  
A person having origins an any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE  
A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.

**HANDICAPPED:**

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

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.

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing Impairment    | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment   | <input type="checkbox"/> Mental Impairment |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> 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 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? \_\_\_\_\_ 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 been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion? \_\_\_\_\_ If "yes," explain the nature of the crime, place and date.

