

Judith Gap School District Superintendent Application Instructions and Information

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. Do not complete the application by stating "see attached resume."

- The following application material must be submitted to be considered:
 1. A completed Application Form
 2. A cover letter.
 3. A resume.
 4. Three (3) letters of professional reference.
 5. A copy of your current certificates.
 6. A copy of all college transcripts.

- Application materials must be submitted by email to tvail@judithgap.k12.mt.us
- Applications must be received by _____ (currently no date has been set).
- Application and supporting materials will not be returned.
- Background checks will be performed on all finalists. The Authorization to Release Information form must be completed in full (last page). The Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

Submit completed applications to:

tvail@judithgap.k12.mt.us

Screening for all applicants begins on _____.

PLEASE TYPE

Name:

Address:

Previous Name(s):

Home Phone No:

Cell Phone No.:

Work Phone No.:

Do you hold a valid teaching certificate? *If no, please give details in your letter of application.*

Montana

Expiration Date:

Other State

Expiration Date:

Email:

Please answer the following questions:

1. Are you eligible to work in the United States?
 _____ Yes _____ No

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?
 _____ Yes _____ No

3. Have you ever been reprimanded, disciplined, discharged or asked to resign from employment or resigned to avoid such release or discharge?
 _____ Yes _____ No
 If yes, please explain. Include the date of reprimand, discipline, discharge or resignation and the reason for reprimand, discipline, discharge or resignation.

4. 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 from employment.)

5. Have you ever had a license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private?
_____ Yes _____ No

If yes, please explain. Include the date of the proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.

Employment Record

List your employment, with your most recent employment first. Describe your employment history, accounting for the last 5 positions held. You may include volunteer and paid experience. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers?

_____ Yes _____ No

Most Recent:

Employer:

Position: _____ No. of years in position: _____

Address:

Contact: _____ Title: _____ Phone No.: _____

Student Enrollment:

Number of employees supervised: *If retired, please use information from your most recent position.*

Administrative Staff: _____ Teachers: _____ Support: _____

Highest Salary: \$ _____

Length of Present Contract: _____ Expiration Date: _____

Reasons for Leaving:

Past Employer:

Employer:

Position: No. of years in position:

Address:

Contact: Title: Phone No.:

Student Enrollment: School District Budget: \$

Number of employees supervised: *If retired, please use information from your most recent position.*

Administrative Staff: _____ Teachers: _____ Support: _____

Years employed:

Highest Salary:

Reasons for Leaving

Past Employer:

Employer:

Position: No. of years in position:

Address:

Contact: Title: Phone No.:

Student Enrollment: School District Budget: \$

Number of employees supervised: *If retired, please use information from your most recent position.*

Administrative Staff: _____ Teachers: _____ Support: _____

Years employed:

Highest Salary:

Reasons for Leaving

REFERENCES

Please list current information for five references below. Individuals listed below should be other than those who have submitted written letters of reference.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone (home and work)</u>
1			
2			
3			
4			
5			

EDUCATION HISTORY

Degree(s) Earned:

List from most recent to lease recent attendance

<u>University/College</u>	<u>Location</u>	<u>Subject</u>	<u>Degree</u>	<u>Year</u>	<u>GPA</u>

Total Number of Years You Have Served As:

A Teacher: _____

A Coach: _____

A Principal: _____

A Superintendent: _____

Other: _____

List Occupation: _____

Equal Opportunity Employer

The Judith Gap School District prohibits discrimination against or harassment of any person employed by or seeking employment with the District because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender distinction. Individuals with disabilities may request reasonable accommodation in the hiring process by contacting the District personnel office.

Proof of Employability

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

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 and 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.

Signature

Date

EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security No.: _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing information is voluntary but must be included with the application to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the District will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicants score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order over any non-preferred applicant holding substantially equal qualifications.
2. To claim Veterans' Employment Preference, you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran, if
 1. You have been separated under honorable conditions; and
 2. You have served more than 180 consecutive days of active duty other than for training in the Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
 3. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years of service in the armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.
- A Disabled Veteran, if
 1. You have been separated under honorable conditions from active duty; and
 2. You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- The un-remarried spouse of a veteran or disabled veteran.
- The mother of a veteran, if
 1. The veteran died under honorable conditions while serving in the Armed Forces; or the veteran has a service-connected, permanent, and total disability.
 2. Your spouse is totally and permanently disabled, or you are the unmarried widow of the father of the Veteran.

3. In the box below, check the attachment you have included to document your preference request.

- DD-214 Other _____

Signature

Date

Acknowledgment of Rights

Pursuant to Montana law, I understand that there are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure thereby allowing the Board of Trustees of a public school to convene in a closed (executive) session.

I understand that once my application material is given to the Board of Trustees, my name may be disclosed to the public upon request. If I am selected as a finalist, my name and other information about my background and qualifications will be disclosed to the public through a press release.

I further understand that the Board of Trustees plans to review/consider my application material and may engage in discussions about me without my physical presence in closed (executive) session. If I choose to waive my right of privacy and request that all discussions/information pertaining to my application for a teaching position be made part of a public record, I must make such a request in writing.

Signature

Date