

COLUMBUS PUBLIC SCHOOLS

TEACHER APPLICATION FORM

433 N. 3rd Street
Columbus, Montana 59019
(406) 322-5373 FAX (406) 322-5028

Name _____
Last
First
Middle

Address _____
Street
City/State
Telephone

Present Position _____
Position
Employer / Address
Telephone

Social Security Number: _____ MT Certificate Folio Number _____ Expires: _____

MT Certificate (continued) Class _____ Level _____ Endorsements _____

List in order of preference, the position(s) desired: State subject, grade, etc.

1. _____
2. _____
3. _____

EDUCATION

List in order of attendance, high school, college or university, graduate work:

Name/Location of School	Dates Attended	Degree or Semester Hours	Major	Minor
(H.S.)				

**if more space is needed provide on a back page of this application*

TEACHING EXPERIENCE

Employer	Address	Subjects/Grades	Extra-Curricular	Date	To

***if more space is needed provide on the back page of this application*

What extra-Curricular activities would be willing to sponsor or coach? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> BPA | <input type="checkbox"/> Pep Band |
| <input type="checkbox"/> Football | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Pep Club |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Close-Up | <input type="checkbox"/> School Play |
| <input type="checkbox"/> Fast Pitch Softball | <input type="checkbox"/> FFA | <input type="checkbox"/> Speech & Drama (Forensic) |
| <input type="checkbox"/> Track | <input type="checkbox"/> FHA/HERO | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Wrestling | | |
| <input type="checkbox"/> Athletic Director | | |
| <input type="checkbox"/> Weight Room Supervision | | |
| <input type="checkbox"/> Intramural | | |

Briefly describe experience in activities checked:

OTHER RELATED EXPERIENCE

Employer	Address	Subjects/Grades	Extra-Curricular	Date	To

REFERENCES

Should include superintendents/principals or supervisors for whom you have taught and who have first-hand knowledge of your character, personality, and teaching abilities.

Table with 4 columns: Name, Address, Telephone Number, Official Position. Rows 1-4 with horizontal lines for input.

Date you would be available for employment _____

Reason(s) for wishing to teach in Columbus _____

INVESTIGATIONS

Have you ever been charge or convicted of a DUI or possession of an illegal substance? _____ If yes, explain _____

Have you ever been charged or convicted of a crime against minor children? _____ If yes, explain _____

Have you ever been charged or convicted of a felony? _____ If yes, explain _____

Have you ever been dismissed, non-renewed, or terminated as a teacher? _____ If Yes, explain _____

Columbus Public Schools will conduct an investigation of each new employee including law enforcement and court records, nation wide databases , and certification bureaus. Fingerprinting may be required.

Please give all information asked. It is the applicant's responsibility to complete this application and provide a copy of transcripts, valid MT teaching certificate, resume, and three (3) letters of reference. Upon appointment, an official transcript and verification of previous employment are required. The district's salary schedule prevails. Salary is based upon training and experience as related to the CEA's negotiated agreement. Please direct all application materials to:

Jeff Bermes, Superintendent
Columbus Public Schools
433 North 3rd Street
Columbus MT 59019

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the district will conduct and has my permission to contact all previous employers, school personnel, law enforcement agencies, state certification offices and nationwide databases. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE OF APPLICANT

DATE

Witnessed by: _____
Signature Date

Thank you for your interest in teaching in the Columbus Public Schools.