

GALLATIN GATEWAY SCHOOL

Employment Application

Which position are you applying for: _____

PERSONAL DATA

Name: _____ Date: _____

Previous Name: _____ Last 4 digits of SSN: _____

Present Address: _____
Street/P.O. Box City State Zip Code

Email: _____ Phone Number: _____

Are you a certified teacher? If yes, list state(s): _____

SEID#: _____

Endorsement(s): _____

EDUCATION

High School Diploma/GED/HiSET? YES _____ NO _____

High School: _____ State: _____

College: _____ Degree/ Major: _____ Year: _____

College: _____ Degree/ Major: _____ Year: _____

College: _____ Degree/ Major: _____ Year: _____

Highest Degree Earned: _____

ADDITIONAL INFORMATION

Other relevant experience, licenses, certificates, special skills, and volunteer work, etc.

EMPLOYMENT EXPERIENCE *(List most recent work experience first.)*

Employer Name: _____ Position: _____

Immediate Supervisor: _____

Description: (duties, skills, equipment used):

Dates: _____ Reason for Leaving: _____

Employer Name: _____ Position: _____

Immediate Supervisor: _____

Description: (duties, skills, equipment used):

Dates: _____ Reason for Leaving: _____

Employer Name: _____ Position: _____

Immediate Supervisor: _____

Description: (duties, skills, equipment used):

Dates: _____ Reason for Leaving: _____

(Attach additional sheets if necessary to include at least the last five years of work history.)

REFERENCES

(Provide current information. Individuals may not be family members or relatives and should be other than those who have submitted written letters of reference.)

Name	Location	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may also attach reference letters.

Do you want to be informed before we contact your present employer? Yes _____ No _____

CERTIFICATION *(Please answer the following questions.)*

Do you have the legal right to work in the United States? Yes _____ No _____

Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

Yes _____ No _____

Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

Yes _____ No _____

If yes, please explain. Include the date of discharge or resignation and the reason for discharge or resignation.

Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior or violation of an employer's sexual misconduct or harassment policy?

Yes _____ No _____

If yes, please explain.

Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer? Yes _____ No _____

If yes, please explain.

Check the applicable blank and provide the information requested as necessary.

I hereby certify that:

_____ 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.)

With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment. I authorize all former employers to release job-related information they may have about me.

Signature: _____ Date: _____

Return completed applications to:

Gallatin Gateway School

100 Mill Street

Gallatin Gateway, MT 59730

(406) 763-4415

Or by email at:

district-clerk@gallatingatewayschool.com

Office Use Only

(Application) Date Received: _____ Identification Verified: _____ Other: _____

(Background Check) Form Received: _____ Date Requested: _____

Date Received: _____