



<b>EDUCATION</b>		
Name of School Start with most recent and go back to high school.	Dates	Degree Earned

<b>EDUCATION EMPLOYMENT INFORMATION</b>			
Name of School	Dates	Number of Years	Courses Taught

**CERTIFICATION**

Do you hold a valid Montana Teacher Certificate? \_\_\_\_\_

Class of Certification: \_\_\_\_\_ Level of Certification: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

If you do not hold a valid Montanan Teaching Certificate, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HONORS AND ACCOMPLISHMENTS**

---

---

---

---

---

---

---

---

---

---

---

**PROFESSIONAL ORGANIZATIONS**

---

---

---

---

---

---

---

---

---

---

---

**INTERESTS AND ACTIVITIES**

---

---

---

---

---

---

---

---

---

---

---

## REFERNCES

Give as references those persons who can speak about your qualities as they relate to the position that you are seeking. Include employers, supervisors, colleagues, and those you know your abilities and character.

<u>Name and Title</u>	<u>School or Company</u>	<u>Phone Number</u>
-----------------------	--------------------------	---------------------


## IMPORTANT

Please have the following information to Choteau Schools by the deadline for this position:

- Resume
- Letter of Intent
- District Application
- Three (3) Letters of Reference
- College Transcripts

Faxed or emailed material will not be accepted.

Please return your application to:      Choteau Public Schools  
Attn: Kevin St. John  
204 7<sup>th</sup> Ave. NW  
Choteau, MT 59422

I certify that the statements contained herein are true:

---

Applicant's Signature

Date

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking employment or volunteer assignment with the Choteau School district. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in Choteau School District. I hereby expressly and voluntarily give the Choteau School 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), MCA**, to the staff of Choteau School District and its agents. I understand that the Choteau School District reserves the right to use any lawful method of Investigation that, in its sole discretion, it deems reasonable and necessary.

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted or adjudicated of any crime in any jurisdiction other than minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surround the crime (s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check.

I hereby release the Choteau School 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 for the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

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

Print Full Name: \_\_\_\_\_

Print Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STATE OF MONTANA )

: ss.

County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public of the State of Montana, personally appeared \_\_\_\_\_, known to me to be the person named in the forgoing Release, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public, State of Montana  
County of \_\_\_\_\_  
My commission expires \_\_\_\_\_