

**DAWSON COUNTY HIGH SCHOOL
GLEN DIVE ELEMENTARY SCHOOLS
P. O. BOX 701 GLEN DIVE, MT 59330**

_____Teacher
_____Administration

DATE: _____

Name _____ Social Security # _____
(in full)

Present Address _____ Phone # _____
(street) (city) (state) (zip code)

Permanent Address _____ Phone # _____
(street) (city) (state) (zip code)

Montana Certificate # _____ Class _____ Level _____ Endorsements _____
If you do not have a MT certificate, have you passed the N.T.E. (National Teacher's Examination)? _____

When Available _____

Activities you can direct or coach: _____

EDUCATIONAL AND PROFESSIONAL TRAINING

Name of Institution	Location	Fields	Undergraduate	Graduate

WORK EXPERIENCE

Name/Location School/Institution	Explanation of Work	Dates From/To	# of Years	# of Teachers in System (if applicable)

Give at least three references, including Superintendents, Principals, and Employers under whom you have worked recently and who have first-hand knowledge of your qualifications.

NAME	OFFICIAL POSITION	ADDRESS	PHONE NUMBER

1. Please give your philosophy of education and classroom control.

2. Describe some of your assets that will help you in your specific area of employment.

3. Why do you want this job?

(Applicant Signature) (Date)

NOTICE TO APPLICANTS

RE: Criminal Background Check, including Finger Printing for employees with close contact with children.
In an attempt to ensure the safety of the children of the School District, the Trustees have instituted an employment policy which mandates that finalists for all positions be required to submit to a criminal background check.
In order to be considered for employment, all applicants must sign below signifying their knowledge and approval for the district to request and conduct such a review.

Applicant Name

Date