

2022-2023 SCHOOL ADMINISTRATOR APPLICATION

PLEASE FILL OUT ELECTRONICALLY. Put your cursor in the shaded box and begin typing.

School district for which you are applying:

Name: _____

Full Mailing Address (including city, state and zip code): _____

Previous name(s): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

What class of Administrative Certificate do you hold: *(if you do not possess an administrative certificate, please give details in your letter of application.)*

☐ Montana Endorsement(s): _____ Expiration date: _____

☐ Other state Endorsement(s): _____ Expiration date: _____

Montana folio number: _____

Please answer the following questions *(please type an "X" in the check boxes below):*

1. Do you have the legal right to work in the United States? ☐ Yes ☐ No
2. Are you able to with or without reasonable accommodation, perform the functions of the job for which you are applying? ☐ Yes ☐ No
3. Are you currently on, or have you ever been put on administrative leave with or without pay (excluding health related leave)? ☐ Yes. Please explain _____ ☐ No
4. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? ☐ Yes. Please explain _____ ☐ No
5. I hereby certify that *(check the applicable box below and provide the information requested – please note that answers to this question may not necessarily disqualify an applicant from consideration for employment. However, not answering these questions truthfully may, in the discretion of the District, disqualify you from consideration for employment, nullify a possible offer of employment or void an employment contract should the District make an offer of employment and/or hire you and later discover that these questions were answered untruthfully:*
 - ☐ I have not plead guilty to or been convicted of any violation of criminal law excluding minor traffic and parking offenses.
 - ☐ I have plead guilty to or have been convicted of at least one violation of criminal law including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest. Please attach and sign a complete description of the circumstances surrounding the convictions. The description does not have to include minor traffic and parking offenses. Any conviction for driving under the influence of drugs or alcohol must be included in the description.

EMPLOYMENT RECORD

List your employment, with your most recent employment first. Describe your employment history, accounting for the last five **consecutive** positions held. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Most recent employer:

Dates of employment (including month and year): ____ to ____

Position held: ____

Full Mailing Address (including city, state and zip code): ____

Direct Supervisor*: Title: Phone: Email:

*If Direct Supervisor is the Board of Trustees, list Board Chair's contact information.

Student enrollment: ____ School district budget: \$ ____

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/seeking other employment: ____

Do you wish to be notified before we contact your current employer(s)? ☐ Yes ☐ No

Past employer: ____

Full Mailing Address (including city, state and zip code): ____

Dates of employment (including month and year): ____ to ____

Position held: ____

Direct Supervisor*: Title: Phone: Email:

*If Direct Supervisor is the Board of Trustees, list Board Chair's contact information.

Number of employees supervised: ____ Years employed: ____ to ____

Highest salary: \$ ____

Reasons for leaving/seeking other employment: ____

Past employer: _____

Full Mailing Address (including city, state and zip code): _____

Dates of employment (including month and year): _____ to _____

Position held: _____

Direct Supervisor*: _____ Title: _____ Phone: _____ Email: _____

*If Direct Supervisor is the Board of Trustees, list Board Chair's contact information.

Number of employees supervised: _____ Years employed: _____ to _____

Highest salary: \$ _____

Reasons for leaving/seeking other employment: _____

Past employer: _____

Full Mailing Address (including city, state and zip code): _____

Dates of employment (including month and year): _____ to _____

Position held: _____

Direct Supervisor*: _____ Title: _____ Phone: _____ Email: _____

*If Direct Supervisor is the Board of Trustees, list Board Chair's contact information.

Number of employees supervised: _____ Years employed: _____ to _____

Highest salary: \$ _____

Reasons for leaving/seeking other employment: _____

Past employer: _____

Full Mailing Address (including city, state and zip code): _____

Dates of employment (including month and year): _____ to _____

Position held: _____

Direct Supervisor*: _____ Title: _____ Phone: _____ Email: _____

*If Direct Supervisor is the Board of Trustees, list Board Chair's contact information.

Number of employees supervised: _____ Years employed: _____ to _____

Highest salary: \$ _____

Reasons for leaving/seeking other employment: _____

REFERENCES

Please list current information for **five (5)** references below: Individuals listed should be other than those who have submitted letters of reference.

Name	Title	Email address	Phone

EDUCATION

Professional preparation

Highest degree earned: _____

University/College	Location	Subject	Degree	Year	GPA

TOTAL number of years you have served as:

Teacher - _____

Principal - _____

Superintendent - _____

Superintendent/Principal - _____

Other - _____ List occupation: _____

Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, religion, color, sex, national origin or because of age, physical or mental disability, or genetic information, when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school 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 verification 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, tobacco free policies.

I certify that all statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of a material fact, or altering this application form, may result in refusal of my application by the District, nullification of a possible offer of employment or termination from employment should the District make an offer of employment to me and later discover any such omission or misrepresentation. By signing below, I agree that any misrepresentation, omission of information or alteration of this application form constitutes good cause for termination from employment should the District make an offer of employment to me and later discover such omission or misrepresentation.

Applicant Name: _____ Date: _____

Note: By entering your name here, you are signing this form electronically and it is the legal equivalent of having a handwritten signature.

EMPLOYMENT PREFERENCE FORM

Name: _____

Position applied for: _____

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the District will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (please put an "X" in one of the boxes below):

- ☐ **A Veteran**, if
 1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
 2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.
- ☐ **A Disabled Veteran**, if
 1. you were separated under honorable conditions from military 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 or her from working.
- ☐ **The un-remarried, surviving 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, **AND**
 2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

To claim **Montana Persons with Disabilities Employment Preference**, you must be:

- ☐ **A person with a disability** certified by DPHHS, **OR**
- ☐ **The spouse** of a totally, (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

In the box below, check the attachment you have included to document your eligibility for employment preference.

- ☐ DD-214 showing the character of discharge ☐ Service-connected disability letter
- ☐ A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

Applicant Name _____ Date _____

NOTICE AND ACKNOWLEDGMENT OF PROCESS

Pursuant to Montana's open meetings laws, application materials will likely be reviewed and considered by the Board of Trustees in open session. There are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure, thereby allowing the chairperson of the Board of Trustees of a public school to convene in a closed (executive) session should the chairperson make a determination that an individual's right of privacy clearly outweighs the public's right to know. If the chairperson of the Board of Trustees convenes in an executive session to review or consider any information obtained during the hiring process, I acknowledge and agree that the Board may engage in discussions about me without my physical presence.

I understand that once my application materials are given to the Board of Trustees of the District for which I am submitting this application, my application materials may be disclosed to the public upon request.

If I am selected as a finalist, my name and other information about me included in my application materials will be disclosed to the public through a press release. I further understand that if I am selected as a finalist, I will be required to submit to a federal criminal background check in accordance with federal law and District policy.

Applicant Name: _____ Date: _____

Note: By entering your name here, you are signing this form electronically and it is the legal equivalent of having a handwritten signature.