



JEFFERSON HIGH SCHOOL

Classified Staff Employment Application

Literacy Intervention Specialist

PO Box 838 Boulder MT 59632

Phone:(406)225-3740

Fax:(406)225-3289

Date of Application:_____

PERSONAL DATA:

Name:_____

Address:_____

Phone:() _____ Message Phone:() _____ Email: _____

LICENSURE/CERTIFICATION:

Do you hold a: Driver's License?_____ Type:_____ Paraprofessional Certificate? _____

Do you hold a Montana Certificate/License?_____ Folio Number:_____ Class:_____ Level:_____

Related Certification/Training: *Please list all certification or training you have had.* Do Not Include College Classes:

1. _____ 2. _____

3. _____ 4. _____

RELATED WORK EXPERIENCE: *List most recent first.*

Employment Dates	Employer Name Address & Phone	Duties

May we contact your present employer? ____ If not, please explain:_____

POST SECONDARY EDUCATION: *List most recent first.*

Attendance Dates	School/Location	Degree	Credits Earned	G.P.A.

Highest Degree Earned: _____ Total **quarter** credits earned beyond this degree: _____
 (1 semester = 1.5 quarter credits)

Please list the additional credits: _____ G.P.A.: _____

Class	Credits	Class	Credits	Class	Credits	Class	Credits

REFERENCES: *Please list three.*

Name	Phone	Address	Occupation

PREFERENCES: *Attach a copy of your DD 214.*

Are you claiming Veteran's Preference? _____ Are you a disabled Veteran? _____

CHILD SAFETY:

Have you, within the past seven years, been released from prison or been convicted of any form of violence, such as assault, rape, child abuse, child molestation, extortion, blackmail, or any offense that involves drugs, embezzlement, fraud, stealing, or robbery? _____ If yes, please attach a separate sheet explaining the nature, place and date of the crime.

Do you consent to a fingerprint/background check as required by state and federal laws for employment in a school district? _____

RELEASE OF LIABILITY

I hereby authorize Boulder Public Schools to inquire as to my record with any or all of my former and/or current employers or references with no liability arising there from. I thereby guarantee the above information is true. I understand misrepresentation or omission of facts called for is cause for dismissal.

Signature

Date

Supplemental Items Attached:

- Letter of Interest
- DD 214
- Copy of Certificates and License
- Explanation Letter (if necessary)
- Other: