



# Education

## CIRCLE HIGHEST LEVEL COMPLETED

BUSINESS/TECHNICAL	COLLEGE/UNIVERSITY	DEGREE	POST GRADUATE EDUCATION
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> BA/BS	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> MA/MS <input type="checkbox"/> <input type="checkbox"/> PhD/Ed.D. <input type="checkbox"/> <input type="checkbox"/>

## HIGH SCHOOL

NAME OF SCHOOL GRADUATED FROM	CITY	STATE

## BUSINESS/TECHNICAL

	DATES FROM	ATTENDED TO	DIPLOMA, LICENSE, OR CERTIFICATE	DATE AWARDED	NUMBER OF CREDITS	AREA(S) OF STUDY
NAME						
CITY/STATE						
NAME						
CITY/STATE						

## COLLEGE/UNIVERSITY

	DATES FROM	ATTENDED TO	TYPE OF DEGREE AWARDED	DATE DEGREE WAS AWARDED	NUMBER QUARTER CREDITS	NUMBER SEMESTER CREDITS	CUMULATIVE GRADE POINT (G. P. A.)
NAME							
CITY/STATE							
MAJOR							
MINOR							
NAME							
CITY/STATE							
MAJOR							
MINOR							

PLEASE INDICATE THE NUMBER OF GRADUATE CREDITS YOU HAVE EARNED BEYOND YOUR MOST RECENT DEGREE:: \_\_\_\_\_ (  ) QUARTER HOURS (  ) SEMESTER HOURS

## Employment History

<b>1</b> PRESENT OR LAST EMPLOYER				DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
STREET/BOX NUMBER				REASON FOR LEAVING POSITION
CITY/STATE/ZIP CODE		LAST SALARY/WAGES PER HR		
POSITION HELD	HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATES FROM	EMPLOYED TO	NAME OF SUPERVISOR	PHONE NO.	
<b>2</b> PRIOR EMPLOYER				DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
STREET/BOX NUMBER				REASON FOR LEAVING POSITION
CITY/STATE/ZIP CODE		LAST SALARY/WAGES PER HR		
POSITION HELD	HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATES FROM	EMPLOYED TO	NAME OF SUPERVISOR	PHONE NO.	
<b>3</b> PRIOR EMPLOYER				DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
STREET/BOX NUMBER				REASON FOR LEAVING POSITION
CITY/STATE/ZIP CODE		LAST SALARY/WAGES PER HR		
POSITION HELD	HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATES FROM	EMPLOYED TO	NAME OF SUPERVISOR	PHONE NO.	
<b>4</b> PRIOR EMPLOYER				DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
STREET/BOX NUMBER				REASON FOR LEAVING POSITION
CITY/STATE/ZIP CODE		LAST SALARY/WAGES PER HR		
POSITION HELD	HOURS WORKED PER WEEK	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATES FROM	EMPLOYED TO	NAME OF SUPERVISOR	PHONE NO.	
OTHER RELATED EXPERIENCES:				

**Employment History (CONTINUED)**

Account for all periods of unemployment of two weeks or longer in duration when you were not in school beginning with the most recent five (5) years.

FROM MM/YYYY	TO MM/YYYY	STATE WHAT YOU WERE DOING DURING THIS PERIOD OF TIME.

**References (References must include immediate supervisor and past supervisors)**

NAME	NAME
WORK PLACE	WORK PLACE
POSITION	POSITION
(AREA CODE) - WORK TELEPHONE NO.	(AREA CODE) - WORK TELEPHONE NO.
NAME	NAME
WORK PLACE	WORK PLACE
POSITION	POSITION
(AREA CODE) - WORK TELEPHONE NO.	(AREA CODE) - WORK TELEPHONE NO.

**Applicant Declaration**

**IMPORTANT: READ BEFORE SIGNING**

I have read and understand each part of the application, and certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided may be verified, and that engaging in any fraud, misrepresentation, deception, or concealment of information sought in this application, or any other failure to furnish truthful and complete information to the district in applying for this position shall result in rejection of my application, or, if discovered after I am hired, shall result in immediate termination of my position with the school district

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with all rules and regulations of the employer, and to obey all lawful directives of supervisors designated by the employer. It is understood and agreed that, in the event I am employed by the Great Falls Public Schools, a valid tuberculin test must be on file in the Human Resources Office.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
**Signature of Applicant**

**APPLICATIONS MAY BE MAILED OR HAND DELIVERED TO:**



Great Falls Public Schools  
 Human Resources Office  
 1100 Fourth Street South  
 PO Box 2429  
 Great Falls, MT 59403-2429



PHONE: (406) 268-6010 □ FAX: (406) 268-6094  
 E-MAIL: human\_resources@gfps.k12.mt.us