

# NASHUA SCHOOL DISTRICT 13E

## APPLICATION FOR CERTIFIED TEACHING EMPLOYMENT

### GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY, STATE, ZIP	
HOME PHONE	WORK PHONE	EMAIL ADDRESS	

Do you hold a valid Montana Teaching Certificate? <input type="radio"/> Yes <input type="radio"/> No			
Folio #:	Class:	Level:	Expiration date:
Grades covered by your certificate: <input type="checkbox"/> K-8 <input type="checkbox"/> 5-12 <input type="checkbox"/> 7-12 <input type="checkbox"/> K-12			

### PROFESSIONAL EDUCATION/QUALIFICATIONS

I prefer to teach in this Grade Range:	I prefer this Discipline or Specialty:
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	Major	Minor	University	Date Completed
BA/BS				
MA/MS/MEd				
Ed.S./Ph.D				

Teacher/Specialist Certification Program (University):	Date Completed:
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Full-Time Time Teaching/Clinical/Internship Experience Under Contract and Credentialed:			
Date	Grade/Subject	Location	District Names/Phone

Credential(s) Now Held or Applied For (including out of State):			
Type:	State:	Minor:	Expires:
Type:	State:	Minor:	Expires:

Endorsements/Clinical/Licenses:		
Type:	State:	Expires:
Type:	State:	Expires:

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Student Teaching/Clinical/Intern Experience:			
Date	Grade/Subject	Location	District Names/Phone

Other Experience(s):

### PERSONAL DATA

Have you previously held a teaching position with us?       Yes       No

If yes, give dates and names under which employed, if different from this application:

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Have you ever been denied a teaching certificate/license or had your teaching certificate/license suspended or revoked?  
 Yes       No      Which State(s)?

If yes, check the action taken:       Denied       Suspended       Revoked

Special Skills or Interests - other subjects you are credentialed to teach, activities qualified to direct, sports qualified to coach, or positions qualified to fill:

Are you legally authorized to work in the United States of America?       Yes       No

I hereby certify that (check the applicable box):

**I have not** pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).

**I have** pleaded guilty to or have been convicted of at least one violation of criminal law. (This may not necessarily disqualify a person from consideration for employment). Please explain:

### PROFESSIONAL REFERENCES

Name	Position	Address	Phone Number

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### EMPLOYMENT RECORD

Do you wish to be notified before we contact your current or previous employers?       Yes       No

List your present or most recent employer. Describe your employment history, accounting for all time during at least the past 15 years. You may include volunteer and paid experience. You may attach additional information.

EMPLOYER	JOB TITLE	
ADDRESS	PHONE NUMBER	
IMMEDIATE SUPERVISOR	EMPLOYMENT DATES FROM                      TO	
JOB DUTIES – briefly describe your duties related to this position		
REASON FOR LEAVING	SALARY	

EMPLOYER	JOB TITLE	
ADDRESS	PHONE NUMBER	
IMMEDIATE SUPERVISOR	EMPLOYMENT DATES FROM                      TO	
JOB DUTIES – briefly describe your duties related to this position		
REASON FOR LEAVING	SALARY	

EMPLOYER	JOB TITLE	
ADDRESS	PHONE NUMBER	
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EMPLOYER	JOB TITLE	
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EMPLOYER	JOB TITLE	
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ADDRESS	PHONE NUMBER
IMMEDIATE SUPERVISOR	EMPLOYMENT DATES FROM _____ TO _____
JOB DUTIES – briefly describe your duties related to this position	
REASON FOR LEAVING	SALARY

### VETERANS' EMPLOYMENT PREFERENCE FORM

To claim preference under the **Veterans' Public Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference.

Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any nonpreferred applicant holding substantially equal qualifications.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

**A Veteran**, if

1. You have been separated under honorable conditions, **AND** have 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 have been a member of the Montana Army or Air National Guard who has 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 have been 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/her from working.

**The unremarried 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.

2. **Check the attachment you have included to document your eligibility for employment preference.**

DD-214 showing the character of discharge       Other: \_\_\_\_\_

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**Equal Opportunity Employer**

Nashua School District prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender 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.

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**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.

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**Authorization to Release Employment Records**

If employed by Nashua School District, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

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**Drug Free/Tobacco Free Policies**

Nashua School District is drug free, tobacco free schools and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

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I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

I expressly authorize the release to the educational agency receiving this application any records or information which may refer or relate to this application for employment, including, but not limited to, records of educational institutions, law enforcement or criminal justice agencies, agencies maintaining child abuse records, and previous employers.

I hereby release and discharge the educational agency receiving this application and any responsible person(s) employed by the agency from any and all claims and liability which I may have or ever claim to have relating to information provided to the educational agency as part of this application for employment.

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public of the State of \_\_\_\_\_, personally appeared \_\_\_\_\_ known to me to be the person named in the foregoing release, and acknowledged to me that he/she/they executed the same as a free act and deed, for the 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 Signature \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_