Superintendent of Schools Matthew Henry COUNTY OF GALLATIN

Bozeman, Montana matthew.henry@gallatin.mt.gov



Rural School Sub-Teacher Application Instructions and Information

Please complete all pages of the application. Furnishing information on the application is mandatory.

An application must be picked up or returned in person, as we are required to verify your identification. Once your Identification is verified, you may submit the application in person, mail, email, or by fax.

In addition to the completed and signed application, please provide the following additional information:

- Resume if available
- Photocopies may be submitted in place of an original application
- Each individual district may have specific record-keeping requirements. As long as you have sub taught in any of the rural schools during the year, your sub application may be reactivated for each of the following school years without re-applying. After a one year of not subbing, you will have to re-apply.
- 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-90 of the U.S. Department of Justice.
- > Copy of teaching certificate(s) if applicable
- A background check is required if one has not been completed by a public school district or university within the last two years. Request either a Re-dissemination form to obtain a copy from another district or the paperwork to process the background check. The \$47 fee is the applicant's responsibility.
- All non-certified sub teachers must complete a self-paced course through the Office of Public Instruction's Montana Learning Hub. Administrative Rules of Montana require three hours of training. Visit http://learninghub.mrooms.net create your account to log in, choose the self-paced courses icon, scroll down to support staff, and begin your course as directed. Upon completion of the course, submit the certificate to the County Superintendent.

GALLATIN COUNTY Rural School Application for Substitute Teaching

Please complete this application by typing or printing in ink.

Office Use Only					
Date Completed Application Received: Background Check: Form received	Data requested	Identification	n verified	Other	
Background Check: Form received	Date requested		Date received		
PERSONAL DATA					
Full Name		Las	t 4 digits of SSN:		
Present AddressStreet/P.O.					
					Zip Code
Phone/Cell	Email Address				
Are you a veteran of military service?		_ Are you a	certified teacher?		SEID#
Endorsements:					
What grades (K-8) are you willing to be a subs ndicate days of the week you will be available Mo	e to sub ndayTuesdayV				
ther Preferences:					
EDUCATION					
High School Diploma/GED/HiSET? Yes	No				
Name	Loca	ation	Diploma/Degre	ee/Specializ	ation-Year
High School					
College/University					
Courses & Training					
ADDITIONAL INFORMATION					
ADDITIONAL INI ONIMATION					
Other relevant experience licenses certificate	os enocial ckills and w	oluptoor work	oto		
Other relevant experience, licenses, certificate	es, special skills, and v	olunteer work	s, etc.		
Other relevant experience, licenses, certificate	es, special skills, and v	olunteer work	s, etc.		
Other relevant experience, licenses, certificate	es, special skills, and v	olunteer work	s, etc.		
Other relevant experience, licenses, certificate	es, special skills, and v	olunteer work	s, etc.		

WORK EXPERIENCE (List most recent work experience first.)

Company Name		Immediate Supervisor		
Company Address				
			State	Zip Code
		Phone		
Job Description (duties, skills	, equipment used)			
Dates	-	Reason for Leaving		
From (<i>mm/yy</i>)	10 (<i>mm/yy)</i>			
WORK EXPERIENCE				
		Immediate Supervisor		
Company Address	Street / PO Box	City	State	Zip Code
		Phone		
Job Description (duties, skills				
Dates From (mm/yy)	To (mm/yy)	Reason for Leaving		
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WORK EVERNIENCE				
WORK EXPERIENCE				
Company Name				
Company Address	Street / P.O. Box	City	State	Zip Code
Job Title		Phone		
Job Description (duties, skills	, equipment used)			
D .		5 ()		
Dates From (mm/yy)	To (mm/yy)	Reason for Leaving		

(Attach additional sheets if necessary to include at least the last five years of work history)

REFERENCES		
Name	Location	Phone
You may also attach reference letters.		
Do you want to be informed before we contact your pro-	esent employer? Yes No	
Please check the schools	you would be willing to be a subs	titute teacher:
Amsterdam Galla	atin Gateway Monforton	Springhill
Anderson LaM	otte Cottonwood	Malmborg
Pass CreekWillo	w Creek Big Sky	West Yellowstone
All Dural Cabacla are an Equal Opport	unitu Employer	
All Rural Schools are an Equal Opport Each district associated with this application prohiseeking employment with the school district becarbecause of age, physical or mental disability, marrequire an age, physical or mental disability, maritaccommodation in the hiring process by contactin Authorization to Release Employment	ibits discrimination against or harassmer use of race, creed, religion, color, political ital status, or gender when the reasonabital status, or ender distinction. People of the school district personnel office.	al affiliation or national origin or ole demands of the position do not
If employed by a participating school district, the a at the school district's sole discretion, in whole or when the school district's interest is deemed appr Drug Free/Tobacco Free Policies	applicant authorizes the school district to part, to any prospective employer, gove	
All associated school districts are drug free, tobac drug free, and tobacco free policies.	co free schools and, as such, require all	I employees to adhere to specific
With my signature below (typed or written), I certificomplete to the best of my knowledge and conta employers to release job-related information they	ins no willful falsifications or misreprese	ched pages is true, correct and ntations. I authorize all former

Signature	Date	

Gallatin County Superintendent of Schools makes no representations or warranties as to the suitability of this Employment Application for any particular employer or job opening, and disclaims any liability that might arise from the use of this Employment Application by an employer or a job seeker. Employment is determined by each individual district.

A personal visit to the schools while classes are not in session may be helpful. For more information on county schools,

> Visit http://www.gallatin.mt.gov choose Department then Superintendent of Schools email your inquiry to: superintendentofschools@gallatin.mt.gov

> > **Gallatin County Superintendent of Schools** 311 W. Main, Room 107 Bozeman, MT 59715 (406) 582-3090 Fax (406) 582-3093