

# Gallatin-Madison Special Education Cooperative

P.O. Box 162 / 21000 Frontage Rd.; Belgrade, MT 59714  
 Phone: (406)388-6508; Fax: (406)388-4824

## Certified Employment Application

**Name:**  
**Previous Name(s):**  
**Mailing Address:**

**Phone #:**  
**E-mail:**

**Montana License Type/Endorsement(s):**  
**License #:**

### RECORD OF EDUCATION

College or University	Location (City & State)	Dates Attended	Graduation (Date and Degree)

### PERSONAL REFERENCES

Name	Relationship	Phone	email

**EMPLOYMENT RECORD:** *List your employment, with your most recent employment first. Describe your employment history, accounting for the last three (3) positions held.*

<b>Most Recent</b>			
<b>Employer:</b> _____			
<b>Position:</b> _____		<b># Yrs. In Position:</b> _____	
<b>Address:</b> _____			
<b>Contact Person:</b> _____		<b>Title:</b> _____	<b>Telephone:</b> _____
<b>Years Employed:</b> _____ <b>TO</b> _____			
<b>Highest Salary:</b> \$ _____			
<b>Reasons for Leaving:</b> _____			

**"Going the Extra Mile for Kids"**

Amsterdam, Anderson, Big Sky, Cottonwood, Ennis, Gallatin Gateway, Harrison, LaMotte, Malmborg, Monforton, Pass Creek, Springhill, West Yellowstone, Willow Creek

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<b>Most Recent Employer:</b> _____		
<b>Position:</b> _____	<b># Yrs. In Position:</b> _____	
<b>Address:</b> _____		
<b>Contact Person:</b> _____	<b>Title:</b> _____	<b>Telephone:</b> _____
<b>Years Employed:</b> _____ <b>TO</b> _____		
<b>Highest Salary:</b> \$ _____		
<b>Reasons for Leaving:</b> _____		

<b>Most Recent Employer:</b> _____		
<b>Position:</b> _____	<b># Yrs. In Position:</b> _____	
<b>Address:</b> _____		
<b>Contact Person:</b> _____	<b>Title:</b> _____	<b>Telephone:</b> _____
<b>Years Employed:</b> _____ <b>TO</b> _____		
<b>Highest Salary:</b> \$ _____		
<b>Reasons for Leaving:</b> _____		

**COMPLETE APPLICATION INCLUDES THE FOLLOWING DOCUMENTS:**

- 1. Letter of interest**
- 2. Resume**
- 3. Three letters of recommendation**
- 4. Copy of Montana educator or professional license**

**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. Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test within the past year. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

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**Equal Opportunity Employer:** The Gallatin-Madison Special Education Cooperative prohibits discrimination against or harassment of any person employed by or seeking employment with the GMSEC 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 and age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodations in the hiring process by contacting the Executive Assistant at the office number above, (406.388.6508).

**Notice and Acknowledgment of Process:** Pursuant to Montana's open meetings laws, application materials will likely be reviewed and considered by the GMSEC 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 GMSEC Board 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 GMSEC Board, my name may be disclosed to the public upon request.

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Applicant Signature\*

**Thank you for your interest in the Gallatin-Madison Special Education Cooperative as an employer!**

**KIM WEGNER-MCCAULEY**  
GMSEC Director of Special Education