

**FORSYTH PUBLIC SCHOOLS**

425 North 10th Avenue  
PO Box 319  
Forsyth, Montana 59327  
(406) 346-2796 ext. 5100  
(406) 346-7455 FAX

AN EQUAL OPPORTUNITY EMPLOYER  
THAT ENCOURAGES APPLICATIONS  
FROM ALL PERSONS  
REGARDLESS OF RACE,  
RELIGION, SEX, AGE,  
NATIONAL ORIGIN  
OR HANDICAP

**FOR DISTRICT USE ONLY**

Date Application Received \_\_\_\_\_

Application Material Received:

Letter of Application \_\_\_\_\_

Resume \_\_\_\_\_

District Application \_\_\_\_\_

Reviewed by \_\_\_\_\_

Notification: Letter \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_

**COACHING/ACTIVITIES/SPONSOR APPLICATION**

**TO THE APPLICANT:** After completing this form, return it to:

**Chris Hess, Superintendent  
Forsyth Public Schools  
PO Box 319  
Forsyth, MT 59327-0319**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
MAILING STREET

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
TELEPHONE (PLEASE INCLUDE AREA CODE)

E-MAIL ADDRESS \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_ADVERTISEMENT \_\_\_\_\_DISTRICT EMPLOYEE \_\_\_\_\_OTHER

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of State or Federal law.

**EXTRA-CURRICULAR INTERESTS**

Please indicate areas in which you have experience and/or ability to assist in an extra-curricular program. This includes such areas as: Music, Speech & Drama, Annual and Athletics. List the specific activities, not just the area, for which your are qualified and willing to direct:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**EDUCATION:**

COMPLETED EDUCATION NAME AND LOCATION OF SCHOOL	COMPLETED DEGREES	DATE GRADUATED	QUARTER HOURS	CUMM GPA
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**EXPERIENCE:**

EMPLOYER	ADDRESS	SUPERVISOR	NATURE OF POSITION	DATES EMPLOYED
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PHONE: \_\_\_\_\_

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PHONE: \_\_\_\_\_

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PHONE: \_\_\_\_\_

**SPECIAL SKILLS**

Briefly list any additional training or skills that may pertain to the position applying for:

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**GENERAL HEALTH:**

FOR PAST TWO YEARS (CHECK ONE) \_\_\_\_\_ EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR

If you have any physical limitations which require any special accomidations, please describe:

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**Since you are applying for a position that involves working with children, please complete the following section:**

Have you within the past seven (7) years been released from prison or been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, contributing to the delinquency of minors, extortion, blackmail, coercion or any crime which involves drugs?

NO \_\_\_\_\_ YES \_\_\_\_\_ If "Yes", please explain nature of crime, place and date:

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**Since you are applying for a position that often involves handling of money or school district property, please complete the following section:**

Have you within the past seven (7) years been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail or coercion? NO \_\_\_\_\_ YES \_\_\_\_\_ If "YES", please explain nature of crime, place and date:

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**NARRATIVE:**

Please describe your coaching philosophy for this position and how you will be an assett to Forsyth School District.

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**REFERENCES:**

Give as references persons who are qualified to attest to your fitness for the position you seek. Include person(s) who know your ability and character.

NAME AND TITLE OF REFERENCES	NAME OF BUSINESS OR SCHOOL	ADDRESS AND TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT:**

**I understand that in filing this application that my work experience, character and related information is subject to investigation to determine the eligibility of employment in the School District and that this information will be kept confidential. I also understand that any falsified information may terminate my eligibility for hire. I grant permission for such and investigation to be conducted.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

