

Wibaux Public School

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“An Equal Opportunity Employer”

Date Received _____

Wibaux Public Schools Application for Classified Personnel

If applying for an advertised position, please indicate the appropriate opening.

Please Note: Make an entry in every space that is applicable.

1. **Name in Full:** _____
(Last) (First) (Middle)

2. **Address:** _____

3. **Email:** _____

4. **Phone No.** _____

5. Check the basic clerical qualifications that apply to you.

Word Processing Data Processing Bookkeeping Calculator Filing

6. Check the following computer programs are you qualified to operate.

Microsoft Word Excel Email Outlook

7. Check the following equipment you qualified to operate.

VCR/DVD Smartboard Fax Machine Copy Machine

Multi-line telephone Intercom System

8. Please indicate your experiences handling confidential materials.

9. What do you consider an acceptable standard for dependability, punctuality, neatness, accuracy, and work quality?

10. Education: Full information and dates are required.

Check Highest Level Completed: ___ High School ___ Associate ___ BA/BS
 High School Attended Diploma ___yes ___no

A. Colleges Attended Major Minor Dates Attended Date Graduated

B. Colleges Attended Major Minor Dates Attended Date Graduated

C. Colleges Attended Major Minor Dates Attended Date Graduated

11. Employment History

1. PRESENT OR LAST EMPLOYER		DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED	
ST/BOX			
CITY/STATE/ZIP			
	HRS. PERWEEK	MAY WE CONTACT THIS EMPLOYER?	REASON FOR LEAVING POSITION
START DATE	SUPERVISOR NAME		
END DATE	PHONE NO.		

1. PREVIOUS EMPLOYER			DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
ST/BOX			
CITY/STATE/ZIP			
POSITION/TITLE	HRS. PERWEEK	MAY WE CONTACT THIS EMPLOYER?	REASON FOR LEAVING POSITION
START DATE	SUPERVISOR NAME		
END DATE	PHONE NO.		

1. PREVIOUS EMPLOYER			DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
ST/BOX			
CITY/STATE/ZIP			
POSITION/TITLE	HRS. PERWEEK	MAY WE CONTACT THIS EMPLOYER?	REASON FOR LEAVING POSITION
START DATE	SUPERVISOR NAME		
END DATE	PHONE NO.		

1. PREVIOUS EMPLOYER			DESCRIBE WORK EXPERIENCE/MAJOR DUTIES PERFORMED
ST/BOX			
CITY/STATE/ZIP			
POSITION/TITLE	HRS. PERWEEK	MAY WE CONTACT THIS EMPLOYER?	REASON FOR LEAVING POSITION
START DATE	SUPERVISOR NAME		
END DATE	PHONE NO.		

12. References: Please include immediate supervisor and past supervisors.

Name	Position	Present Address/Phone No.
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16. If you are a successful candidate, when could you be free to accept appointment?

I have read and understand each part of the application, and certify at all 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 promptly comply with all rules and regulations, 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 Wibaux Public School, that a valid tuberculin test must be obtained and placed on file.

Applicant Signature

Date

Mail application to Wibaux Public Schools, Personnel, 121 N F ST, Wibaux MT 59353