

FORSYTH PUBLIC SCHOOLS
www.forsythpublicschools.org

PRINCIPAL APPLICATION PACKET

Forsyth Public Schools is seeking a Principal to start July 1, 2025 who is energetic and enthusiastic and is willing to lead the Forsyth Public Schools with 21st century educational philosophy, curriculum implementation and learning while continuing the tradition of excellence. Forsyth Public Schools is a class B school district with 61 staff members serving approximately 300 students K – 12. Forsyth, Montana is located along the Yellowstone River 100 miles east of Billings, Montana and 45 miles west of Miles City, Montana.

Applications should include the following:

- * Letter of Application
- * Current Resume with minimum of 3 References
- * Completed District Application
- * Narrative of Self and Work/Job Experience
- * Transcripts
- * Copies of other current certificates/endorsements
- * Three current letters of recommendation
- * Consent to Fingerprint Background Check

Please contact:

Chris Hess, Superintendent
Forsyth Public Schools
PO Box 319
Forsyth, MT 59327
chess@forsyth.k12.mt.us

Phone: 406-346-2796
Fax: 406-346-7455

FORSYTH PUBLIC SCHOOLS

425 North 10th Avenue
PO Box 319
Forsyth, Montana 59327
(406) 346-2796
(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 _____

Narrative _____

Transcripts _____

Placement Papers/Letter of

Recommendation _____

Copy of Certificate _____

Reviewed by _____

Notification: Letter _____ Phone _____

Position _____

Creditable Years of Experience: _____

Degree _____ Credits _____

PRINCIPAL 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

CITY STATE ZIP

TELEPHONE (PLEASE INCLUDE AREA CODE)

CELLPHONE (PLEASE INCLUDE AREA CODE)

EMAIL ADDRESS

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.

WORK EXPERIENCE – cont.

NAME AND LOCATION OF SCHOOL	DATES	NUMBER OF YEARS	POSITIONS HELD
_____	_____	_____	_____
_____	_____	_____	_____

PHONE: _____

PHONE: _____

TOTAL YEARS OF CERTIFIED/FULL-TIME SERVICE _____
(Do not include partial years of time other than full-time.)

DATE OF CONSIDERATION:

Are you presently under contract? _____ If so, Where? _____

May we contact current employer? Yes No

(If "No", please explain)

Work Phone Number _____ (Please include area code)

Date Available: _____

Have you ever been released from your position or resigned during a contract year?

Yes No

If "Yes", briefly explain.

Since you are applying for a position that involves working with children, please complete the following section and the "Consent to Fingerprint Background Check" form which is attached:

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?

Yes No If "Yes", please explain nature of crime, place and date:

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?

Yes No If "YES", please explain nature of crime, place and date:

CERTIFICATION:

Do you hold a valid Montana Certificate? Yes No Folio Number _____

Class of Certificate _____, Level of Certificate _____, Expiration Date _____

If you do not hold a Montana Certificate, proof of application must accompany this application or your application will not be processed. Write to the Director of Certification, Office of Public Instruction, P.O. Box 202501, Helena, Montana 59620-2501. Forsyth School District #4 does not assume any responsibility for your certification. Failure to register your certificate with the Office of the County Superintendent of Schools within the first sixty days of school will result in the District holding any further wages until your certificate is so registered and may be cause for termination.

IMPORTANT:

Application will not be considered unless all requested information is on file. It is your responsibility to request your school of record to forward a transcript and placement file; further, all information on application should be accurately completed.

I hereby authorize Forsyth Schools to inquire as to my record with any and all of my former, current employers or references with no liability arising there from. I guarantee the correctness of this application. The making of any false statement herein will be sufficient cause for dismissal. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature

Date

NARRATIVE:

Please describe, in 500 words or less, how you would be a significant addition to the staff of Forsyth Public Schools and the Forsyth Community.