### **FORSYTH PUBLIC SCHOOLS**

www.forsythpublicschools.org

### **SUPERINTENDENT APPLICATION PACKET**

Forsyth Public Schools is seeking a Superintendent to start July 1, 2025 who is energetic and enthusiastic and is willing to lead the Forsyth Public Schools with  $21^{st}$  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
- \* Montana Class 3 Administrative Certificate showing Superintendent's Endorsement
- \* Copies of other current certificates/endorsements
- \* Three current letters of recommendation
- \* Consent to Fingerprint Background Check

#### Please contact:

Stacy Montgomery, Business Manager Forsyth Public Schools PO Box 319, Forsyth, MT 59327

smontgomery@forsyth.k12.mt.us

Phone: 406-346-2796 x 5101

Fax: 406-346-7455

425 North 10th Av				
DC D 240	renue			
PO Box 319		Date Application Rece	eived	
Forsyth, Montana 5	59327	Application Material Received:  Letter of Application  Resume District Application Narrative Transcripts Placement Papers/Letter of Recommendation Copy of Certificate		
(406) 346-2796				
(406) 346-7455 F				
AN EQUAL OPPORTUNIT	TY FMPI OYFR			
THAT ENCOURAGES AF				
FROM ALL PERS	SONS			
REGARDLESS OF	RACE,			
RELIGION, SEX,				
NATIONAL ORIG		Reviewed by		
OR HANDICAL	P	Notification: LetterPhone Position		
SUPERINTENDENT APPLICATION		Creditable Years of Experience:		
		Degree	Credits	
	PO Box 319 Forsyth, MT 59327-03	319		
	Forsyth, MT 59327-03			
NAME LAST			MIDDLE	
	Forsyth, MT 59327-03		MIDDLE	
	Forsyth, MT 59327-03		MIDDLE	
LAST	FIRST		MIDDLE	
LAST	FIRST		MIDDLE  ZIP	
LAST	FORSYTH, MT 59327-03  FIRST			
LAST	FORSYTH, MT 59327-03  FIRST	STATE		
LAST	FORSYTH, MT 59327-03  FIRST  MAILING  CITY	STATE  UDE AREA CODE)		

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.

If information is contained in the resume, attach the resume and indicate "See Resume".

# LEVEL OF POST SECONDARY LICENSURE

DOCTORATE				
MASTERS				
ENDORSEMENTS				
EDUCATION:				
NAME AND LOCATION OF SCHOOL		DEGREE	MONTH/YEAR GRADUATED	CUMM GPA
WORK EXPERIENCE				
NAME AND LOCATION OF SCHOOL	DATES		POSITIONS HELD	
PHONE:	-			
PHONE:				
PHONE:				
PHONE:				
PHONE:				

# **WORK EXPERIENCE – cont.**

NAME AND LOCATION OF SCHOOL	DATES	NUMBER OF YEARS	
PHONE:			
PHONE:			
TOTAL YEARS OF CERTIFIE (Do not include partial years of time other		SERVICE	
DATE OF CONSIDERATION:			
Are you presently under contract?	If so, Who	ere?	
May we contact current employer?	Yes N	0	
(If "No", please explain)			
Work Phone Number		(Please inclu	de area code)
Date Available:			
Have you ever been released from	your position or re	esigned during a co	ntract 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:				
•		ring for a position that		lves har	ndling of money or school district
•		past seven (7) years beery, extortion, blackmai			offense that involved embezzlement,
Yes	No	If "YES", please expl	ain nature o	of crime,	, place and date:
CERTIFICA	ATION	:			
Do you hold	a valid	Montana Certificate?	Yes	No	Folio Number
Class of Cert	tificate _	, Level of	Certificate		, Expiration Date
application v P.O. Box 202 responsibility Superintender	vill not b 2501, Hoy of for you ent of Sc	pe processed. Write to telena, Montana 59620-2 ur certification. Failure	the Director 2501. Forsy to register; xty days of	of Cert oth Scho your cer school	nust accompany this application or your diffication, Office of Public Instruction, and District #4 does not assume any retificate with the Office of the County will result in the District holding any cause for termination.
request your	will not school o				tion is on file. It is your responsibility to nent file; further, all information on
current emp of this appli	oloyers o cation.	or references with no l The making of any fal	iability ari	sing the	rd with any and all of my former, ere from. I guarantee the correctness in will be sufficient cause for dismissal lled 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.