

District Employment Application Form (Certified Staff)

East Glacier Park Grade School

125 Washington Street, PO Box 150
 East Glacier Park, MT 59434
 406-226-5543 phone, 406-226-4269 fax
eastglacierschool@yahoo.com

SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER THAT ENCOURAGES APPLICATIONS FROM ALL PERSONS REGARDLESS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.

Please fully complete this application form and return it with your letter of interest, current resume, three letters of reference, and unofficial copies of your transcripts. Please sign the back page of this application in front of a notary. The school Business Manager is a notary.

Position Information

Please indicate the position applied for or positions that you want to substitute for.

Teaching Preference:	Choice #1:	Choice #2:	Choice #3:
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Do you want Full-time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you want to Substitute? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Chauffer's License? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Applicant Information

Full Name:	LAST	FIRST	MIDDLE	DATE AVAILABLE
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Present Address:	STREET ADDRESS	PO BOX #
	CITY	STATE ZIP CODE

Permanent Address:	STREET ADDRESS	PO BOX #
	CITY	STATE ZIP CODE

Phone and Email:	TELEPHONE	CELL PHONE
	WORK PHONE	EMAIL

Eligibility/Preference for Employment

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide proof of employment authorization.

Are you a veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, DATE OF SERVICE AND BRANCH OF MILITARY:
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Do you have any relatives who are on the school board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PROVIDE NAME AND EXPLAIN RELATIONSHIP, EVEN IF DISTANT:
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Do you have or have had any physical conditions that may restrict your work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE DESCRIBE:
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Since you are applying for position(s) that will involve working with children and the handling of money, please complete the following questions:

Have you within the past seven (7) years served any portion of a FELONY criminal sentence or been CONVICTED of any offense that involves embezzlement, fraud, theft, robbery, extortion, blackmail, or any form of violence such as assault, rape, child abuse, child molesting, coercion, or any FELONY crime which involved drugs?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, EXPLAIN THE NATURE OF THE CRIME, PLACE, DATE OF CORRECTION OR SENTENCE.
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Education and Specialized Training

HIGH SCHOOL:		ADDRESS:				
FROM:	TO:	Did you graduate?		YES	NO	DIPLOMA:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE:		ADDRESS:				
FROM:	TO:	Did you graduate?		YES	NO	DEGREE:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE:		ADDRESS:				
FROM:	TO:	Did you graduate?		YES	NO	DEGREE:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RELATED COURSE/TRAINING:		PROVIDER NAME/LOCATION:				
FROM:	TO:	Did you complete?		YES	NO	CERTIFICATE:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Certification Information

CLASS	LEVEL	STATE	EXPIRATION DATE
AREAS OF ENDORSEMENT:			

Previous Employment (Most Recent First)

NAME OF EMPLOYER:		ADDRESS AND PHONE NUMBER:			
FROM:	TO:	JOB DUTIES/RESPONSIBILITIES:			
JOB TITLE	May we contact your supervisor?		YES	NO	IF NO, EXPLAIN:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME OF EMPLOYER:		ADDRESS AND PHONE NUMBER:			
FROM:	TO:	JOB DUTIES/RESPONSIBILITIES:			
JOB TITLE	May we contact your supervisor?		YES	NO	IF NO, EXPLAIN:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME OF EMPLOYER:		ADDRESS AND PHONE NUMBER:			
FROM:	TO:	JOB DUTIES/RESPONSIBILITIES:			
JOB TITLE	May we contact your supervisor?		YES	NO	IF NO, EXPLAIN:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME OF EMPLOYER:		ADDRESS AND PHONE NUMBER:			
FROM:	TO:	JOB DUTIES/RESPONSIBILITIES:			
JOB TITLE	May we contact your supervisor?		YES	NO	IF NO, EXPLAIN:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME OF EMPLOYER:		ADDRESS AND PHONE NUMBER:			
FROM:	TO:	JOB DUTIES/RESPONSIBILITIES:			
JOB TITLE	May we contact your supervisor?		YES	NO	IF NO, EXPLAIN:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Qualifications

Please list additional qualifications, goals and extracurricular activities you wish us to consider for your application. Emphasize other work experience, volunteer positions, education, and training that is relevant to the position for which you are applying.

LIST ADDITIONAL EDUCATION, TRAINING, AND VOLUNTEER EXPERIENCE

DESCRIBE YOUR LONG-TERM GOALS FOR YOUR OWN PROFESSIONAL DEVELOPMENT/TRAINING

LIST ANY EXTRACURRICULAR ACTIVITIES YOU MIGHT BE INTERESTED IN ASSISTING WITH. E.G., BASKETBALL, BEADING, TRACK&FIELD, X-COUNTRY.

References

Please list three professional references whom we may contact. References should be qualified to attest to your qualifications for the position that you seek. Include people for whom you have worked as a full-time employee and who know your abilities and character. You must complete references or your application will not be considered.

NAME OF REFERENCE:	COMPANY:
PHONE NUMBER:	ADDRESS:
RELATIONSHIP TO APPLICANT:	JOB TITLE:

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PHONE NUMBER:	ADDRESS:
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PHONE NUMBER:	ADDRESS:
RELATIONSHIP TO APPLICANT:	JOB TITLE:

Disclaimer and Signature

I certify that my answers are true, complete and accurate to the best of my knowledge. I authorize East Glacier Park School District to inquire from any of my former and current employers regarding my background, employment, and performance to confirm the accuracy of the information I have provided in this application. I release and hold the District harmless from any liability arising from such inquiry. I understand that misrepresentation or omission of information requested is cause for non-consideration or dismissal if this application has led to employment.

Signature: _____ Date: _____

Authorization to Release Information (must be signed in front of a notary)

TO WHOM IT MAY CONCERN:

I _____ am seeking employment or volunteer assignment with the East Glacier Park School District as a _____. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the East Glacier Park School District. I hereby expressly and voluntarily give the East Glacier Park School District the right to make a thorough investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in Section 44-5103(3), MCA, to the staff of the East Glacier Park School District and its agents. I understand that the East Glacier Park School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act(VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

I hereby release the East Glacier Park School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3 MCA.

Your Name:

First	Middle	Maiden	Last
Date of Birth:	_____	Social Security Number:	_____
Address:	_____		
	City	State	Zip

- I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:
- I have not been convicted of, nor am I under pending indictment for, any crimes
- I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to (Insert name of qualified entity).

This document is effective until revoked in writing by me.

Signature

Date

On this ____ day of _____, 20____, before me, a notary public of the State of Montana, personally appeared _____ known to me to be the person named in the foregoing Release, and acknowledged to me that _____ executed the same as free _____ act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

STATE OF MONTANA)
 : ss. _____
County of Glacier)

Notary Public, State of Montana
County of _____
My commission expires _____