

Bitterroot Valley Education Cooperative

General Information for Applicants

Items to be included with application and consent for criminal and protective service background check.

Please note that your **completed application and consent for criminal and protective service background checks** must be accompanied by the below listed items. Applications will not be considered eligible for consideration unless all requested information is on file. **Transcripts submitted with application may be copies but official transcripts must be on file before contract can be signed.**

- Letter of Interest
- Resume
- A copy of your license or certification
- Transcripts (Unofficial copies may be submitted temporarily official transcripts required if position offered.)

Professional Compensation

- A. Payroll and Salary Determination—Payroll is run once a month and paid on the 18th of the month. Salary is based on the current negotiated amount with credit for experience as allowed in Master Contract.
- B. Group Health Insurance – If the number of hours worked meet requirements to qualify for group health insurance, the Co-op contributes toward the monthly premium. Amount will be determined by employment class (certified, classified, etc) and hours worked.
- C. Other benefits include paid sick leave, paid personal leave, participation in the Teachers Retirement System or Public Employees Retirement System, and the option to have voluntary payroll deductions placed in a flexible benefits plan.

Requirements – all new employees are conditionally employed until all the requirements below are satisfied. Employees not satisfying these requirements within the specified time are subject to immediate termination.

- A. The Co-op will conduct a complete criminal and protective service check on all persons hired after July 1, 2002.
- B. Final Board approval of any contract offered is contingent on the criminal and protective service background and records (educational) check, and verification of work experience.
- C. Within 3 business days of start date, the new employee must provide proof of citizenship, or appropriate certification, generally driver's license and social security card, to substantiate eligibility to work. Original, not photocopied, documentation is required.
- D. Within 30 days of start date, the new employee must provide the Co-op with a regular Montana Teaching Certificate or applicable license.

This application will be kept on file for three years. To be considered for a subsequent position, the applicant must contact the above office to activate the file for a published vacancy.



PO Box 187
Stevensville, MT 59870

Phone: (406) 777-2494
FAX: (406) 777-2495
www.bvec-mt.org

EMPLOYMENT APPLICATION

LAST NAME FIRST NAME MIDDLE INITIAL

CURRENT ADDRESS APT/UNIT#

CITY STATE ZIP CODE

Phone Number: _____ Email Address: _____

How did you learn about the opening? _____ Date of Application: _____

Position applying for: _____

Date you are available to work: _____ Years of relevant experience: _____

Have you filed an application with us before? _____ If yes, give date: _____

What position did you apply for at that time? _____

PERSONAL DATA

Do you have the legal right to work in the United States? YES NO

Are you able, with or without reasonable accommodation, to perform the functions of the job for which you are applying? YES NO

Have you ever been released or discharged from employment or resigned to avoid such release or discharge? YES NO

If yes, please explain, including date of discharge or resignation and reason for discharge or resignation:

Are you a veteran? YES NO Military Duties: _____ Dates of Service: _____

Since you are applying for a position that involves working with children and/or the handling of Co-operative money or property, please complete the following question: Have you ever been convicted of any offense that involves any form of violence such as assault, rape, child abuse, child molestation, extortion, blackmail, coercion, embezzlement, fraud, stealing, robbery, blackmail or any crime that involves drugs? YES NO

If yes, explain nature of crime, place and date:

FOR COOPERATIVE USE ONLY

Interviewed By: _____ Date: _____

Position: _____ FTE: _____ Start Date: _____

Licensure or Certification: _____

If not licensed, what is expected date of licensure? _____

Salary Placement: _____ Which calendar will new hire follow? _____

PROFESSIONAL DATA

Are you working at the present time? YES NO If yes, where? _____ Phone #: _____

May we contact your references, including your present employer, for recommendations? YES NO

If no, please explain:

What is/are the reasons(s) for leaving your last/current position?

EDUCATION

	Name and Location	#Yrs	Major	Diploma /Degree And Year	GPA
High School					
College/Tech					
Other (Specify)					

Professional/Licenses, Certificates, etc.:

EMPLOYMENT HISTORY (List most recent experience first.)

Employer:	Type of Business:
Address:	Telephone Number:
Position Title:	Dates Employed:
Supervisor:	Title:
Describe Responsibilities and Duties – Be Specific	
Reason for Leaving:	

EMPLOYMENT HISTORY	
Employer:	Type of Business:
Address:	Telephone Number:
Position Title:	Dates Employed:
Supervisor:	Title:
Describe Responsibilities and Duties – Be Specific	
Reason for Leaving:	

EMPLOYMENT HISTORY	
Employer:	Type of Business:
Address:	Telephone Number:
Position Title:	Dates Employed:
Supervisor:	Title:
Describe Responsibilities and Duties – Be Specific	
Reason for Leaving:	

STATE OF MONTANA
Department of Public Health and Human Services

RELEASE OF INFORMATION PROTECTIVE SERVICE BACKGROUND CHECKS

PLEASE TYPE OR PRINT LEGIBLY

Incomplete or illegible forms may be returned

Legal Name _____
(First Name) (Middle Name) (Maiden Name) (Last Name)
Enter NMN if none

Aliases/Other Names Used _____

Date of Birth: _____ Social Security Number: _____ Sex: Male Female

Current Mailing Address: _____

Please check as many as apply. **The reason this information is being requested is that I am:**
 an applicant for employment an employee a prospective volunteer a volunteer

Authorization Statement and Signature

I am aware that this release pertains to report(s) of child abuse or neglect in Montana that indicates **a risk to children**. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that a child in the care of the person was adjudicated by a court as a youth in need of care; and/or a history that show that the person has had their caregiver rights to a child terminated. The information provided under this release may contain information that could adversely affect my employment or volunteer status.

I hereby authorize the Department of Public Services, Child and Family Services Division to release confidential information in connection with my status as a prospective or current employee or volunteer in accordance with 413-20593) (o) MCA to:

Bitterroot Valley Education Cooperative _____ **PO BOX 187 Stevensville, MT 59870**
Name of Agency Mailing Address

Jill Reynolds _____ **406-777-2494 ext. 110** _____ **406-777-2495**
Name of Agency Contact Person: Telephone No: Fax No:

I am also aware that although the entities requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

The Department of Public Health and Human Services (DPHHS) does not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin. If you believe you have been subjected to discrimination contact the DPHHS Human Resources Division at (406) 444-3136 or the Montana Human Rights Bureau at 1-(800)-542-0807, or relay service at 711.

Signed: _____ Date: _____
(MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC)

TO BE COMPLETED BY NOTARY PUBLIC:

Taken, sworn, and subscribed to me this _____ day of _____ A.D. _____

Notary Public for the State of Montana Residing at _____

Printed name of Notary Public My Commission expires _____