

# 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 18<sup>th</sup> 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. Pursuant to ARM 16.28.1055, each employee must provide verification that he/she has had a tuberculosis (TB) test. Verification must include (1) date of test, (2) results of test, and (3) signature of person who conducted the test.
- C. Final Board approval of any contract offered is contingent on the criminal and protective service background and records (educational) check, verification of work experience, and receipt of TB test results.
- D. 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.
- E. 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.)

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

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

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



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 \_\_\_\_\_