

District Use Only

Date Completed Application Received _____

App. Letter ___ Resume ___ Transcripts ___ Certificate ___ Placement File ___ Statement ___ Other _____

Background Check : Form received _____ Date requested _____ Date received _____

Hiring personnel review record – please initial and date when reviewed:

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

Chinook Public Schools Application for Certified Teaching Employment

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

Applicant Signature

Date

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Name: _____
Last First Middle Social Security Number

Address: _____
Street City State Zip Code

Previous Name/s: _____ Home Phone No: _____

_____ Other Phone No: _____

Specific position for which you are applying: _____

Other positions in which you are interested or for which you qualify: _____

Do you hold a valid Montana Certificate? _____ Folio # _____ Class _____ Level _____

Grades covered by your certificate: K-8 ___ 5-12 ___ 7-12 ___ K-12 ___

Expiration date: _____

(If applicable)

Major area of preparation/endorsements: _____

Minor area of preparation/endorsements: _____

(Special Ed.)

Do you hold a Montana License _____ License number _____ Expiration date _____

Instructions and Information

Please complete all pages of the application fully and legibly. Furnishing information on the Application is mandatory, unless otherwise stated.

- *In addition to the completed and signed Application*, please provide the following additional information:
 1. A letter of application specifying the applied-for position
 2. Professional resume which includes academic preparation, experience and other specifically related qualifications
 3. Copies of transcripts of all college or university credits to date (official transcripts required upon hire)
 4. College placement file/papers and/or letters of recommendation (minimum of three)
 5. Evidence of Montana certification/licensure
- An application may be submitted in person, by mail, or by fax. Applications must be received by the final filing date. Postmarks are not accepted.
- Photocopies may be submitted in place of an original application.
- Applications and supporting materials will not be returned.
- Each individual district may have specific record keeping requirements. Districts may or may not keep or be willing to reactivate files for future applications. Please check with the specific district concerning reactivation. For example, some districts will keep a *complete* application file for two years but require a letter of application for a specific position requesting reactivation during that time.
- Some districts require final candidates to be background checked as well as pay for their own background check. Candidates should contact applicable districts to determine background check status and costs.
- Finalist candidates will be contacted by the district.

Please answer the following questions:

1. Do you have the legal right to accept work in the United States? Yes____ No____
2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? Yes____ No____
3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes____ No____ If yes, please explain, include date of discharge or resignation and reason for discharge or resignation:

4. I hereby certify that (check the applicable box and provide the information requested):

_____ I have not pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere (minor traffic offenses excepted).

_____ I have pleaded guilty to or been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment)

**AUTHORIZATION TO RELEASE INFORMATION,
INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK**

5122F

To Whom It May Concern:

I, _____, am an employee of the District, am seeking employment, volunteer assignment, and/or approval to be selected as an on-call substitute with _____ School District (the District). I hereby expressly authorize release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in § 44-5-103(3), MCA, to the staff of the District and its agents. I will provide a set of fingerprints, and understand that a fingerprint background check will be at my expense and will be deducted from the initial paycheck, unless other arrangements are made with the District Office.

I have have not [*check one*] been convicted or adjudicated* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledged that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check. *** Adjudication – A passing of judgment of a court of law or a decision of a judge.**

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

All statements and information provided within this application and attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or suspension from employment.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print full name: _____

Print full address: _____

STREET

CITY

STATE ZIP

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)

: ss.

County of _____)

On this _____ day of _____, 20____, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the 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.

(S E A L)

[name]
NOTARY PUBLIC for the state of Montana
Residing at _____, Montana
My commission expires: _____

ADDITIONAL PERTINENT INFORMATION, QUALIFICATIONS, CERTIFICATES

REFERENCES

Please list current information for at least three and no more than five references below

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone (home and work)</u>

EDUCATION HISTORY

List from most recent to least recent attendance

College/University	Location	Subject Studied	Degree	Year	GPA

Quarter Credits completed beyond: B.A. Degree _____
M.A. Degree _____

EMPLOYMENT RECORD

List your present or most recent employer first. Describe your employment history, accounting for all time during at least the past 15 years. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers? Yes _____ No _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

EMPLOYMENT RECORD

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or sex distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Proof of Employability, TB Test

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of verification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin test within seven (7) days of employment.

Authorization to Release Employment Records

If employed by a participating school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

Each of the participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the above policies of employment. If employed by a participating school district, I agree to abide by these policies of employment.

Applicant

Date

AFFIRMATIVE ACTION INFORMATION

State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all of your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the applicable school district office/s.

Date: _____

Sex: _____ Male _____ Female

Age: _____

Position applied for: _____

ETHNIC GROUP

Check one of the following:

- ALASKA NATIVE – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- AMERICAN INDIAN – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN AMERICAN – A person having origins in any of the original people of the Indian Subcontinent, the Pacific Islands, or the Far East; for example, China, Japan, Korea.
- BLACK – (not of Hispanic origin) – A person having origins in any of the Black racial groups of Africa.
- FILIPINO – A person having origins in any of the original peoples of the Philippine Islands.
- SPANISH AMERICAN – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE – (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- OTHER – Specify _____.