

# Arlee Joint School District No. 8

72220 Fyant St. Arlee, Montana 59821 (406)726-3216 Fax (888)360-8531

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## Arlee School District Coaching Application

### Instructions and Information

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. Do not complete the application by stating “see attached resume.”

- The following application material must be submitted to be considered:
  1. A completed Application Form.
  2. A cover letter.
  3. Any professional licenses or certifications.
- Application materials may be submitted in person, by mail, or by fax.
- Application and supporting materials will not be returned.
- Background checks will be performed on all candidates. The Disclosure and Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

### Submit completed applications to:

Arlee School District  
Mike Perry, Athletic Director  
72220 Fyant Street  
Arlee, MT 59821  
Fax: 888-360-8531  
Email: [lmorin@arleeschools.org](mailto:lmorin@arleeschools.org)

DIRECT ALL QUESTIONS TO THE BUILDING LEVEL ADMINISTRATOR

**PLEASE TYPE OR PRINT CLEARLY USING A PEN**

Today's Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Do you hold any professional licenses or certifications?

Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Please answer the following questions:**

1. Do you have the legal right to 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 the date of discharge or resignation and the reason for discharge or resignation.

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

- ☐ I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/ no contest (minor traffic offenses excepted).
- ☐ I have pleaded guilty to or have 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 from employment.)

### **Coaching Employment Record**

*List your coaching employment history, with your most recent employment first. Describe your coaching employment history, accounting for the last 3 positions held. You may include volunteer and paid experience. You may attach additional information.*

**Do you wish to be notified before we contact your current or previous employers?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

### **Most Recent Coaching Employment/Experience**

⋮

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ No. of years in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **2nd**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ No. of years in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3rd:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ No. of years in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

*Please list current information for up to five references below. Individuals listed below should be other than those who have submitted written letters of reference.*

Name	Title	Address	Phone (home and work)
1			
2			
3			
4			
5			

### **Equal Opportunity Employer**

The Arlee 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 gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

### **Proof of Employability**

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

### **Drug Free/Tobacco Free Policies**

The school district is a drug and tobacco free school and, as such, requires all employees to adhere to specific drug free and tobacco free policies.

**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 or altering this application form may result in refusal of or separation from employment.**

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**Signature**

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**Date**

## EMPLOYMENT PREFERENCE FORM

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Job Title: \_\_\_\_\_

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicants score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order over any nonpreferred applicant holding substantially equal qualifications.
2. To claim Veterans' Employment Preference, you must be a U.S. Citizen and:

A Veteran, if

1. You have been separated under honorable conditions; and
2. You have served more than 180 consecutive days of active duty other than for training in the Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

1. You have been separated under honorable conditions from active duty; and
2. You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces; OR THE VETERAN has a service-connected, permanent, and total disability.
2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unmarried widow of the father of the Veteran.

3. Check the attachment you have included to document the preference request.

☐ \_\_\_\_\_ DD-214

☐ \_\_\_\_\_ Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **AFFIRMATIVE ACTION INFORMATION – OPTIONAL**

Providing this information is strictly on a voluntary basis. 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 other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking employment with the Arlee School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children. I hereby expressly and voluntarily give the 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 44-5-103(3), MCA**, to the staff of the School District and its agents. I understand that the School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

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

This document is effective for 30 days or until revoked, in writing, by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

First	Middle	Last

Print Full Address: \_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

State of \_\_\_\_\_ )  
 \_\_\_\_\_ :ss.  
 County of: \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, a notary public for the state of \_\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Release, and acknowledged that he/she executed the same as his/her 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.

(SEAL)

Notary Signature