

APPLICATION FOR EMPLOYMENT

Frenchtown School District #40
P.O. Box 117
Frenchtown, Mt 59834
(406) 626-2600

Applications and supporting materials become the property of Frenchtown School District #40 and will not be returned or available for copying unless provided for in Union contracts. The District does not have space or personnel to retain prior applications on file. Therefore to apply for future job openings, a new application must be submitted.

Please type or print clearly using a dark pen.

Name: _____

Previous Name(s): _____

Current Address: _____

Street or P.O. Box

City

State

Zip

If current address is less than 3 years, previous address(s):

Street or P.O. Box

City

State

Zip

Home Phone: _____ Additional Contact Phone: _____

Email Address: _____

Specific open position(s) for which you are applying: _____

Coaching/Advising Interests and Experience: _____

INSTRUCTIONS AND INFORMATION

A. Complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. In addition to the completed and signed application form, the following information is required for applications for **permanent teaching positions** and recommended where applicable for all other positions:

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.
4. College placement file/papers and/or letters of recommendation (minimum of three).
5. Evidence of Montana certification/licensure (also required for a Tier 1 **substitute teaching** positions for documentation of placement on the pay scale).

B. Notes:

1. All applications may be submitted in person, by email, by mail, or by fax (406) 626-2605. For permanent positions, applications must be received by the final filing date. Postmarks are not accepted.
2. After the interview process, substitute and permanent employees are required to pay for the cost of getting their fingerprints taken at the Missoula County Sheriff's Office (\$15) or Missoula Police Department (\$11.00).
3. Finalist candidates will be contacted by the District.

C. 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? _____
3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? _____

If yes, explain; include the date of discharge or resignation and the reason for discharge or resignation:

4. Complete the following items **only** if you are applying for a position in the District which requires driving:

- a. Do you have an up-to-date CDL? Yes / No

If yes, list number, issuing state & expiration date _____

Number	Issuing State	Expiration Date
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- b. List all motor vehicle accidents in the past three years: _____

- c. List all violations of motor vehicle laws or ordinances (other than parking) in the past three years: _____

- d. List all denials, revocation or suspension of any license, permit or privilege to operate a motor vehicle: _____

ADDITIONAL PERTINENT INFORMATION, QUALIFICATIONS, CERTIFICATES, REFERENCES

Do you hold a valid Montana Teaching Certificate? (Yes/No) _____ (If you hold a valid Montana Teaching Certificate, make sure you attach a copy of the Certificate.)

Please list complete current information for at least three references below.

	Name	Title	Address	Phone #s (Home and Work)
1				
2				
3				

EDUCATION HISTORY:

List from most recent to least recent attendance

	University or College	Location	Subject	Degree	GPA
1					
2					
3					

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

EMPLOYMENT RECORD

Using the space below and starting with your present or most recent employer. Describe your employment history, accounting for all time during at least the last 15 years. You may include volunteer and paid experience. **You may substitute a resume if all of the information requested below is included. You also 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(s) 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(s) 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(s) 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(s) for Leaving: _____

Salary: _____

EQUAL OPPORTUNITY EMPLOYER

Frenchtown School District #40 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 when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. People of disability may request a 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 Department of Homeland Security.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test **within the past year**. 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 (TB) test within thirty (30) days of employment. If the District does not receive documentation of a negative TB test within this time frame, we can not continue to employ you.

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 parties, when the school district's interest is deemed appropriate.

DRUG-FREE/TOBACCO FREE POLICIES

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

ACKNOWLEDGMENT

I understand that no offer of employment or benefits, such as but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the District Administration, satisfactory completion of a fingerprint background check (This may take as long as 3-4 weeks after submittal of the fingerprints to the Administration Office.), and fully approved by the Board. I understand that no contract for employment shall be issued until all of the above items are completed. Further, I have read and understand the above policies of 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

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Frenchtown School District #40 that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefits must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of the federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and requests the agency to verify or correct the challenged entry. Upon receipt of official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name

Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

NCPA/VCA Applicants

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) **Frenchtown School District #40** for the position of (please be specific) (please list all positions), _____. 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) is not under indictment for a crime, or (c) has 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.

Your Name: _____
First Middle Maiden Last

Date of Birth: _____

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 the Montana Department of Justice, Criminal Records, and Identification Services Section to disseminate criminal history record information to Frenchtown School District #40.

Signature of Applicant

Date

(OPTIONAL)

SUPPLEMENTAL INFORMATION FORM
FOR
AFFIRMATIVE ACTION INFORMATION

NAME OF APPLICANT (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 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.

Date: _____

Sex: _____

Age: _____

Position applied for: _____

Ethnic Group:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Caucasian	

(This information will be placed on file for reporting purposes to the Federal Government only. None of the information will be used in the selection process.):