

REFERENCES:

Give as references at least four persons who are qualified to attest to your fitness for the position you seek. Include especially persons for whom you have taught and those who know your ability and character. **DO NOT SAY, "REFER TO MY CREDENTIALS."** This section will need to be complete.

Name and Title of Reference	Name of Business School of Reference	Address and Telephone Number

CERTIFICATION:

Do you hold a valid Montana Certificate? ___Yes ___No Folio Number_____

Class of Certificate_____, Level of Certificate_____

Expiration Date_____, Endorsements_____

If you do not hold a Montana Certificate, please furnish information to this office regarding Certification as soon as you receive it from the State Department. *Townsend K12 School District #1 does not assume any responsibility for your certification.* Failure to register your teaching certificate in the Office of the County Superintendent of Schools within the first sixty days of teaching will result in the District holding any further wages until your certificate is so registered.

Do you need any accommodation in order to perform the duties of the job for which you are applying? If so, what is that accommodation? _____

Have you within the past seven (7) years been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs? _____ If yes, explain nature of crime, place, and date.

Have you within the past seven years been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion? ____ Yes ____ No If yes, please explain nature of crime, place and date. _____

In accordance with the Montana Department of Health requirement 16.28.1005 A.R.M. you are required to provide documentation of the results of a tuberculin skin test done within the year prior to initial employment. Documentation must be provided to the school within two weeks of initial employment or employment will be suspended.

EMPLOYMENT PREFERENCE: The veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an **Employment Preference Form**. This form is available at the High School Office, 201 N. Spruce, Townsend, MT.

My signature below certifies that all information on this application is true. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date. **Employers may be contacted as references.**
(Must be signed and dated in ink)

SIGNATURE: _____ DATE SIGNED: _____

To the applicant: After completing this form, please return it to the Superintendent's Office, 201 N. Spruce, Townsend, MT 59644
It may also be emailed to ewilkerson@townsend.k12.mt.us
or faxed to 406.441.3457

APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the School District No. 1 to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in school government.

Because this sheet is separated from your application, please give us your name, address and phone number again. Please answer the following questions. Thank you for your cooperation.

Have you applied for a School District job before? Yes No
Are you a current or past School District employee? Yes No

Name _____
First Middle Last

Mailing Address _____ City/State/Zip _____

E-Mail _____ Home Phone No. _____

Other Phone Number _____ Type _____

Job Applied For: Job Title _____ Location _____

Highest Education Level – Please X the **one** box that best describes your highest education level.

Less than High School Some College Some Graduate Post-Doctorate
 High School Graduate or Equivalent 2 years of College Degree Master's Level Degree
 Technical School Bachelor's Level Degree Doctorate

REFERRAL SOURCE– How did you **FIRST** learn of this position?

Newspaper Agency Contact (specify below) Job Service
 Internet Listing Phone Inquiry School or Former School Employee
 Career/Job Fair Written Inquiry College Recruitment
 Open House Posted in Agency Building Other
 Walk-In

AGE 18 OR OLDER Yes No **FEMALE** **MALE**

SOCIAL SECURITY NO. This is voluntary and asked for in order to keep your records separate from others who may have the same name. _____

ETHNIC GROUP – Please X the **one** box that best describes your ethnicity.

AMERICAN INDIAN or ALASKAN NATIVE
 ASIAN or PACIFIC ISLANDER
 BLACK (Not of Hispanic origin)
 SPANISH (Hispanic)
 WHITE (Not of Hispanic origin)

MILITARY STATUS – Please X the one box that best describes your military status.

No Military Service Active Reserves Inactive Reserve Retired Other Veteran

DISABLED VETERAN **YES** **NO**