



APPLICATION FOR EMPLOYMENT OF CERTIFIED POSITION

PLEASE NOTE: Complete all areas of application.

1. Name _____
 Last Name First Name Middle Name

2. Address _____
 Number and Street City and State Zip Code

3. Contact Number: _____ **Email Address:** _____

4. List in order of preference the grade levels you prefer to teach:
 a. _____ b. _____ c. _____ d. _____

List preference in subjects: _____

5. What extracurricular activities would you be qualified for and would accept as a long-term assignment for which extra pay is given?

_____ Volleyball _____ Basketball _____ Football _____ Track _____ Wrestling _____ Tennis

_____ Band _____ Golf _____ Cross Country _____ Softball _____ Speech & Drama

Other: (Please describe) _____

6. What are your hobbies or avocations? _____

7. EDUCATION: Full information and dates are required.

Schools Attended	Name/ Location	Major	Minor	Diploma/ Degree	Dates		Date Graduated
					From	To	
College or University							
Graduate School							
Other Schools							

8. Number of semester hour credits in Major _____ **Minor** _____



9. Describe the Montana certificate you now hold, if any. SEID No _____

(You must be eligible for a Montana certificate to be considered.)

CLASS	LEVEL	SUBJECT ENDORSEMENTS	DATE ISSUED	DATE OF EXPIRATION

10. What kind of certificate are you eligible for? Elementary _____ Secondary _____

11. Data regarding practice teaching: (Persons with three years or more teaching experience need not complete.)

City & School in which Practice Teaching	Name of Cooperating Teacher	Grades/ Subjects Taught	Dates		Number of Months
			From	To	

College Supervisor(s) Name and Address:

12. Complete history of teaching experience. This information is used to determine beginning salary.
 List last employer first. Use additional sheets if necessary.

ACCURATE AND COMPLETE INFORMATION IS REQUIRED

EMPLOYER Address, City State, Zip Code	Contact Person Name/ Phone Number	Grades/ Subjects Taught	Dates		Full/ Part Time	Number Of Months
			From	To		

13. References: Give names of Principal or Supervisor in each school system listed above.

NAME	Present Address	Position	School



14. Do you claim veteran's preference as a veteran or eligible relative of a veteran? ___ Yes ___ No

If yes, is this preference as a disabled veteran? ___ Yes ___ No DD-214 required.

15. Branch of Military _____ Dates of Service _____

16. Have you ever applied for a teaching position in Fairfield? Yes ___ No ___

If Yes, Regular Teacher _____ Substitute Teacher _____ Dates: _____

17. Have you secured from the registrar and included or sent us your transcripts of work taken?
___ Yes ___ No If not, please provide this information.

18. Have you notified your college Placement Center to send us your papers? ___ Yes ___ No

19. Transcripts and recommendations must be forwarded to the Superintendent's Office as soon as possible. No action will be taken on your application without this information. Three (3) letters of recommendation.

20. Have you ever been convicted or adjudicated of a criminal offense? ___ Yes ___ No

Since this item is not necessarily a bar to employment, if "Yes", please comment.

21. If hired, you will be required to be fingerprinted in order to do a police/FBI background check.

Do you give Anaconda School District permission to do a background check? ___ Yes ___ No

22. Are you under contract to another school system at the present time? ___ Yes ___ No

23. If selected for employment, when would you be available to begin work? _____

24. A short handwritten autobiographical sketch of your professional career should be attached.

I VERIFY THAT THE ABOVE STATEMENTS ARE TRUE AND FACTUAL.

Signature of Applicant

Date

Materials should be mailed to:
Superintendent of Schools
Fairfield School District #21
Box 399
Fairfield, MT 59436

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This document consists of two pages)

To (Applicant Name) _____ :

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) FAIRFIELD SCHOOL DISTRICT NO. 21 for the position of (please be specific) _____.

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.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 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).
2. 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).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have 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.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity 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> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. 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.



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Form number: DOJ-NCPA/VCA20120611

