

Centerville School
693 Stockett Road – Box 100
Sand Coulee, Montana 59472
Phone: 406-736-5167
Fax: 406736-5210

INFORMATION FOR CLASSIFIED POSITION APPLICANTS

APPLICATION

Thank you for your recent request for an application to work at Centerville School.

Applications are welcomed and will be considered as appropriate vacancies develop. You will be contacted for a personal interview if you are selected as a candidate for a particular position.

AUTOBIOGRAPHY

In order for the district to evaluate your writing skills, we request a five hundred (500) word handwritten autobiography of your professional career.

LETTERS OF REFERENCE

You should arrange for a minimum of three letters of reference to be sent to the school. Two letters need to be from former employers/supervisors.

COMMUNICATIONS FROM THE DISTRICT

You may wish to contact the superintendent's office regarding the status of your application or the employment situation. The superintendent's office will not initiate contact with you unless there is a specific reason to do so. Staff vacancies within the Centerville School district are always, when open to the general public, published in the Great Falls Tribune. In addition, vacancies are posted on the Office of Public Instruction web site.

RENEWAL OF APPLICATION

Applications will be active until November 1 following the date of receipt. To be considered for a subsequent school year, it will be necessary for you to fill out a renewal form, which may be obtained from the superintendent's office.

John McGee, Superintendent

CLASSIFIED APPLICATION FORM

Centerville School
693 Stockett Road – Box 100
Sand Coulee, Montana 59472

AN EQUAL OPPORTUNITY EMPLOYER THAT
ENCOURAGES APPLICATIONS FROM ALL
PERSONS REGARDLESS OF RACE, RELIGION,
SEX, AGE, NATIONAL ORIGIN OR HANDICAP.

Date of this application: _____

APPLICATION OF:

Mr., Mrs., Ms. _____
Last First Middle Initial

Present Address: _____
Street City State Zip

Telephone Number: _____

Social Security Number: _____ - _____ - _____

PLEASE INDICATE POSITION FOR WHICH YOU ARE APPLYING:

When can you begin work? _____

This application will be active until November 1 following the date of receipt. An applicant not offered employment should contact this office in writing to request a renewal form to keep his/her application on file for another year.

To the applicant: After completing this form, please return it to the Office of the Superintendent,
Centerville School, 693 Stockett Road, Sand Coulee, MT 59472
DO NOT SEND ELECTRONIC COPIES; DO NOT EMAIL APPLICATION;
HARD COPIES ONLY – MAIL OR HAND CARRY

FOR DISTRICT USE ONLY
Date of Application _____
Application materials Received:
Autobiography _____
Letters of Reference _____
Ethnic Data _____
Interviewed by _____
Date _____
Rejection Letter _____
Position for which hired _____
Hours _____
Salary _____
Date of Hire _____

COMPLETED EDUCATION:

	Name and Location of School	Completed Degrees Or Diploma	Date Graduated	Pertinent Course Work
High School				
College				
Trade, Business or Correspondence School				
Other				

WORK EXPERIENCE:

Current Employer	Supervisor	Duties	From MO/YR	To MO/YR
Name				
Address				
City, State Zip				
Former Employer	Supervisor	Duties	From MO/YR	To MO/YR
Name				
Address				
City, State Zip				
	Supervisor	Duties	From MO/YR	To MO/YR
Name				
Address				
City, State Zip				

PERSONAL REFERENCES (OTHER THAN RELATIVES AND FORMER EMPLOYERS):

Name	Address	City, State Zip	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This school district screens prospective employees to determine whether an applicant poses a risk of harm to the children it serves. Information obtained from this disclosure is not an automatic bar to employment, but is considered in conjunction with all relevant facts and circumstances.

This disclosure must be completed by an applicant in order for the applicant to be considered for the position. Any falsification, misrepresentation or incompleteness in this disclosure is grounds for disqualification or termination from the position. The district will keep this disclosure confidential to the extent provided by Montana law concerning individual rights of privacy.

For each of the following conducts, record a number from the list provided at the bottom of this page:

- _____ Any felony;
- _____ Rape or other sexual assault;
- _____ Drug/alcohol-related offenses;
- _____ Abuse of a minor child, whether physical or sexual;
- _____ Incest;
- _____ Kidnapping, false imprisonment or abduction;
- _____ Sexual harassment;
- _____ Sexual exploitation of a minor;
- _____ Sexual contact with a minor;
- _____ Molestation of a minor or child; Lewdness or indecent exposure;
- _____ Publishing or distributing of obscene literature;
- _____ Assault, battery or other offense involving a minor;
- _____ Endangerment of a child;
- _____ Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
- _____ Unfitness as a parent or custodian;
- _____ Removing children from a state or concealing children in violation of a law or court order;
- _____ Restrictions on contact or visitation with children or minors (except for visitation rights set in a divorce or separation proceeding).

If you answered any number **other than "1"** for any of the conducts stated above, please explain the circumstances relating to the conduct(s), including the date when and place where the conduct(s) occurred.

1. Numbers (2) through (10) do not apply to me.
2. I have been convicted of this conduct.
3. I have pled guilty to this conduct.
4. I have pled nolo contendere or no contest to this conduct.
5. I have admitted that I undertook this conduct.
6. I have had a judgment or order entered against me (whether by default or otherwise) for this conduct.
7. I have settled an action or claim regarding allegations concerning this conduct.
8. I have had a license, certificate or employment suspended, revoked, terminated or otherwise limited because of allegations concerning this conduct.
9. I have resigned under threat of termination of employment or volunteer work because of allegations concerning this conduct.
10. I have charges pending in relation to this conduct in an administrative or judicial (civil or criminal) proceeding.

Do you have a driver's License? _____
 Do you have Commercial Drivers License with a school bus and air brake endorsement? _____
 When are you available for work? _____
 Do you desire full time work? _____
 Will you accept night work? _____
 Do you wish seasonal or permanent employment? _____
 Are you interested in substitute employment? _____

SKILLS:

Skill	Training	Experience
Bookkeeping		
Calculator		
Shorthand – WPM		
Typing – WPM		
Computer		
Custodial		
Food Service		
Other		
Other		
Other		

SPECIAL QUALIFICATIONS:

What special work experience, training or other qualifications do you have which you feel will make you successful in the job you are seeking?

Indicate experience which would be of value to you in working around/with children.

IMPORTANT:

Applications will not be considered eligible for consideration unless all requested information is on file. Further, all information on the application form should be accurately completed. A five hundred (500) word handwritten autobiographical sketch covering your employment career should be attached.

I hereby authorize Centerville School to inquire as to my record with any or all of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statement. The making of any false statement herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature of Applicant

Date

Signature of Witness

Date

CENTERVILLE SCHOOL IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

State law requires that employers keep records of 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 only available to the administration of the school district and federal and state employment enforcement officers.

Complete the following information and return with your completed application to the superintendent's office at Centerville School.

Name: _____ Date: _____

Sex: _____ Female _____ Male

ETHNIC GROUP:

Check one of the following:

_____ ALASKA NATIVE -A person having origins in any of the original peoples of North America and 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 any of the original peoples of 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 or other Spanish culture or origin, regardless of race.

_____ WHITE - (not of Hispanic origin) - A person having origins any of the original peoples of Europe, North Africa or the Middle East.

_____ OTHER – (Specify) _____

**IMPORTANT: YOUR APPLICATION FILE BE CONSIDERED
INCOMPLETE WITHOUT THIS SHEET.**

NCPA/VCA Applicants

Your Name _____:

You have applied for employment with, will be working in a volunteer position with, will be residing in a child care setting or will be providing vendor or contractor services to (write in Agency or Entity name) _____ 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.

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) 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.
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 Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to _DPHHS/QAD/CCL_.

Signature of Applicant

Date