

Certified Application

Belt Public Schools

P.O. Box 197

#1 Church St.

Belt, MT 59412

Phone: (406) 277-3351 Fax: (406) 277-4466

E-MAIL: kpaulson@beltschool.com

Mr./Ms. _____
Last First Middle Initial

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone _____
Home Work Mobile

Email Address: _____

Position for which you are applying: _____

IMMIGRATION STATUS

If you are not a citizen of the United States, are you lawfully able to become employed at this time? _____ If NO, proof of immigration status authorizing employment will be required prior to presentation of your application to the Board of Trustees.

PERFORMANCE OF DUTIES

Are you able to perform all the duties listed in the job description for which you are applying, such as working a full 8 hour shift, stooping, bending, and lifting? If NO, please explain.

School District No. 29 is an equal opportunity employer that encourages applications from all persons regardless of race, religion, sex, age, national origin, or disability.

We welcome you as an applicant for employment with Belt Public Schools. It is the policy and intent of Belt Public Schools to provide an opportunity of employment for all persons. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age. This policy applies to all phases of discrimination. **PLEASE COMPLETE ALL REQUESTED INFORMATION IN ITS ENTIRETY. RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETION OF THIS APPLICATION.** Resumes and letters of recommendation are required. Incomplete applications will not be considered.

Since you are applying for a position which involves working with children and the handling of money, please complete the following section:

Have you ever been CONVICTED of any offense that involved embezzlement, fraud, theft, robbery, extortion, blackmail, or any form of violence such as assault, rape, child abuse, child molesting, coercion, or any FELONY crime which involved drugs? _____ If YES, explain the nature of the crime, place, and date of incarceration or sentence.

COMPLETED EDUCATION: Attach additional sheets as needed.

College/University: _____ Area of Study: _____ Location: _____	Degree: _____ Degree Date: _____ Semester hours: _____ GPA: _____
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Total Semester Hours: _____

Total Semester hours after acquiring of BA or BS? _____

Total Semester hours after acquiring MA or MS? _____

Unofficial transcripts will be required at time of application. Official transcripts will be required upon hiring.

Are you currently working? If so, where? _____
 Phone number _____ Name of immediate supervisor _____
 Number of Years: _____+Months: _____ in a certified teaching/administrative position.

EMPLOYMENT HISTORY

List your work experience, listing last employer first. Account in this section for all occupied time, both paid and unpaid, for the past five years.. (Copy this form if additional space is needed)

Employer/Address	Position/ Certified Yes/No	Start/End	Supervisor	Phone

Duties: _____

Reason for Leaving: _____

Employer/Address	Position/ Certified Yes/No	Start/End	Supervisor	Phone

Duties: _____

Reason for Leaving: _____

Employer/Address	Position/ Certified Yes/No	Start/End	Supervisor	Phone

Duties: _____

Reason for Leaving: _____

Employer/Address	Position/ Certified Yes/No	Start/End	Supervisor	Phone

Duties: _____

Reason for Leaving: _____

Employer/Address	Position/ Certified Yes/No	Start/End	Supervisor	Phone

Duties: _____

Reason for Leaving: _____

REFERENCES: (Give names and phone numbers of references who are familiar with your personality, character, and work habits, but are not related to you.)

NAME	TITLE	PHONE

We may be contacting all of the above references as well as former employers.

CERTIFICATION (Important: Read Before Signing)

I understand and agree that I may be subject to immediate dismissal if it shall subsequently be determined or discovered that the answers herein are untrue and that I have failed to disclose a material fact.

I hereby authorize Belt Public School District No. 29 to inquire from any of my former and current employers and references regarding my background, employment, and performance to confirm the accuracy of the information I have provided on this application. I release and hold the District harmless from any liability arising from such inquiry. I understand that misrepresentation or omission of information requested is cause for non-consideration of this application or dismissal, and I affirm that the information provided in this application is complete and accurate.

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with all rules and regulations of the employer, and to obey all lawful directives of the supervisors designated by the employer.

If appointed, the applicant agrees to the following conditions of employment:

I agree to accept assignment as made by the Superintendent, and I acknowledge that Belt Public School District No. 29 has a policy of maintaining tobacco free buildings and premises.

I have read and understand all portions of this application and have answered all questions completely and truthfully.

Date _____ Signature _____

APPLICATIONS MAY BE MAILED, E-MAILED, FAXED OR HAND DELIVERED TO:

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