

District Use Only

Date Completed Application Received _____

App Letter _____ Resume _____ Transcripts _____ Certificate _____ Placement File _____
Statement _____ Other _____

Background Check: Form received _____ Date requested _____ Date received _____

Hiring personnel review record – please initial and date when received:

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

Montana Joint Application for Certified Teaching Employment

The following joint application may be used for participating Montana School Districts. However, each district may require additional information from its applicants. *Please contact the individual school districts for any specific information needs. Applicants are responsible for contacting and sending applications to each and every school district to which they wish to apply.*

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 or separation from employment.

Applicant Signature

Date

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Name _____ SS #: _____
Last First Middle Initial

Address: _____ Telephone _____

City _____ State _____ ZIP _____

Previous Name(s): _____

Specific position for which you are applying: _____

Other positions in which you are interested or for which you qualify: _____

Coaching/Advising Interests and Experience: _____

Do you hold a valid Montana Certificate? _____ Folio#/Class Level _____

Grades covered by your certificate: _____

Expiration date: _____

Major area of preparation/endorsements: _____

Minor area of preparation/endorsements: _____

Special Ed– Do you hold a Montana License? ___ License #/Exp. Date _____

Instructions and Information

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated.

- In addition to the completed and signed form, please provide the following additional information:
 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 (official transcripts required upon hire)
 4. College placement file/papers and/or letters of recommendation (minimum of three)
 5. Evidence of Montana certification/licensure
- An application may be submitted in person, by mail, or by fax. Applications must be received by the final filing date. Postmarks are not accepted.
- Photocopies may be submitted in place of an original application
- Applications and supporting materials will not be returned
- Each individual district may have specific record keeping requirements. Districts may or may not keep or be willing to reactivate files for future applications. Please check with the specific district concerning reactivation. For example, some districts will keep a complete application file for two years but will require a letter of application for a specific position requesting reactivation during that time.
- Some districts require final candidates to be background checked as well as pay for their own background check. Candidates should contact applicable districts to determine background check status.
- Finalist candidates will be contacted by the district

Please answer the following questions:

Do you have the legal right to work in the United States? _____

Are you able with or without reasonable accommodations to perform the functions of the job for which you are applying? _____

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

If yes, please explain, include date of discharge or resignation and reason for discharge or resignation: _____

I hereby certify that (check the applicable box and provide the information requested):

- I have not pled guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of no contest (minor traffic offenses excepted).
- I have pled guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment.)

ADDITIONAL PERTINENT INFORMATION, QUALIFICATIONS, CERTIFICATES

References

Please list current information for at least 3, no more than 5 references

	Name	Title	Home Phone	Work Phone
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Education History

List from most recent to least recent attendance

	University/College	Location	Subject	Degree	Year	GPA
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____

Quarter Credits completed beyond: BA Degree _____ MA Degree _____

Employment Record

List 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. DO NOT substitute a resume. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers? _____

Dates: From _____ To _____	Position _____
Employer _____	Phone _____
Address _____	
Supervisor/Title _____	
Reason for Leaving _____	Salary _____
Description of Duties: _____	

Dates: From _____ To _____	Position _____
Employer _____	Phone _____
Address _____	
Supervisor/Title _____	
Reason for Leaving _____	Salary _____
Description of Duties: _____	

Dates: From _____ To _____	Position _____
Employer _____	Phone _____
Address _____	
Supervisor/Title _____	
Reason for Leaving _____	Salary _____
Description of Duties: _____	

Dates: From _____ To _____ Position _____
Employer _____ Phone _____
Address _____
Supervisor/Title _____
Reason for Leaving _____ Salary _____
Description of Duties: _____

Dates: From _____ To _____ Position _____
Employer _____ Phone _____
Address _____
Supervisor/Title _____
Reason for Leaving _____ Salary _____
Description of Duties: _____

Dates: From _____ To _____ Position _____
Employer _____ Phone _____
Address _____
Supervisor/Title _____
Reason for Leaving _____ Salary _____
Description of Duties: _____

Equal Opportunity Employer

Each participating school district 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 reasonable accommodation in the hiring process by contacting the school district personnel office.

Proof of Employability, TB Test

Any applicant chose 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 U.S. Department of Justice.

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 TB test within seven (7) days of employment.

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

Drug Free/Tobacco Free Policies

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

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the policies of employment.

Applicant Signature

Date

Affirmative Action Information

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.

Please complete the following information and return it with your completed application to the applicable school district office(s):

Date _____

Sex _____

Age _____

Position Applied For _____

Ethnic Group _____

Authorization to Release Information

(Some districts require final candidates to be background checked, as well as pay for their own background check. Candidates should contact applicable districts to determine background check status and costs.)

I, _____, and seeking employment with the _____ School District, acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the District. I hereby expressly and voluntarily give the District the right to make a thorough investigation of my past employment, education and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including criminal justice information as defined in section 44-5-103(3), and 41-3-205(3)(0) MCA, to the staff of the District and its agents. I understand that the District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly above, from any liability for damage which may result from any dissemination of the information requested above subject to the provision of Title 44, Chapter 5, Part 3, and Title 41, Chapter 3, MCA.

This document is effective until revoked in writing by me.

PRINT FULL NAME: _____

PRINT FULL ADDRESS: _____

City State ZIP

ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

Signature _____ Date _____

Sign in the presence of a Notary Public

.....
STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me, a notary public of the State of Montana, personally appeared _____, known to me to be the person named in the foregoing release, and his/her free act and deed, for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public Signature
State of _____
County of _____
My commission expires _____