

District Use Only

Date Completed Application Received _____

TB Test _____ Copy D/L _____ Copy S/S card _____ App _____ I-9 _____
Support Discl _____ Sub Enroll _____ Pres Emp Upd _____ TRS _____ W4 _____
Teach Cert _____ Resume _____ Release of Info _____

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 _____

CLINTON SCHOOL DISTRICT #32

20397 East Mullan Road
PO Box 250
Clinton, MT 59825-0250

Application for Substitute Teaching Employment

Name _____ SS #: _____
Last First Middle Initial

Address: _____ Telephone _____

City _____ State _____ ZIP _____

Previous Name(s): _____

PLEASE INDICATE AREAS IN WHICH YOU HAVE EXPERTISE TO SUBSTITUTE:

K-5 _____ 6-8 _____ Music PE _____ Spec Ed _____

Other _____

Do you have a Montana Teaching Certificate? Yes _____ No _____

If Yes, please list: Folio # _____ Level _____ Exp. Date _____

Education History

List from most recent to least recent attendance

| | High School/College | Location | Subject | Degree | Year | GPA |
|---|---------------------|----------|---------|--------|-------|-------|
| 1 | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ | _____ |

Experience/Employment History

| | | |
|---------------------|----------|----------------|
| Dates: From _____ | To _____ | Position _____ |
| Employer _____ | | Phone _____ |
| Address _____ | | |
| Type of Work: _____ | | |
| _____ | | |

| | | |
|---------------------|----------|----------------|
| Dates: From _____ | To _____ | Position _____ |
| Employer _____ | | Phone _____ |
| Address _____ | | |
| Type of Work: _____ | | |
| _____ | | |

| | | |
|---------------------|----------|----------------|
| Dates: From _____ | To _____ | Position _____ |
| Employer _____ | | Phone _____ |
| Address _____ | | |
| Type of Work: _____ | | |
| _____ | | |

| | | |
|---------------------|----------|----------------|
| Dates: From _____ | To _____ | Position _____ |
| Employer _____ | | Phone _____ |
| Address _____ | | |
| Type of Work: _____ | | |
| _____ | | |

Any other information you can provide to help further select you as a substitute may be listed below:

Signature of Applicant

Date

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 _____

CLINTON SCHOOL DISTRICT #32

20397 East Mullan Road

PO Box 250

Clinton, MT 59825-0250

Present Employee Information Sheet Update

Date _____

Name _____

Address _____

Birthdate _____

SS # _____

Person to Contact in Case of Emergency:

Directions for Obtaining Fingerprints

For fingerprinting, you will need to go to:

Missoula County Sheriff's Department
3rd Floor Courthouse
200 W Broadway
Missoula, MT 59802
523-4810

Fingerprints are taken only on:

Tuesday, Wednesday, Thursday
Between 1-4 pm

At the Sheriff's Department, you must provide a Picture ID (Driver's License, Passport, etc.)
Fingerprinting cost is \$15.00 and takes approximately 5 minutes. The Sheriff's Department uses the ink method.

You must return the processed fingerprint card to the Clinton School administration office along with a \$29.25 check or money order (no cash) made payable to the order of: Montana Criminal Records, for submittal to Helena. Background checks can take as long as a month.

Additional Forms Required with Application

The following forms must be submitted with your substitute application for your application to be considered completed:

1. Substitute Teacher or Part Time Aide Membership Election form
2. W4 form
3. I-9 form

These documents can be found at www.clintoncougars.com by clicking on the Employment tab