

# BIGFORK SCHOOL DISTRICT NO. 38

600 Commerce Street, P.O. Box 188

Bigfork, Montana 59911

Phone (406) 837-7400 Fax (406) 837-7407

## APPLICATION FOR CERTIFIED ADMINISTRATOR

Please visit our District Office Web Page [www.bigforkschools.org](http://www.bigforkschools.org)

Required material to be considered for employment: Current resume, letter of interest, 5 letters of reference, copy of transcripts, and copy of certificate(s). (Photocopies are acceptable for preliminary screening; originals must be available upon request.) This application must be filled out completely without reference to a resume. All materials must be submitted by the deadline date, if applicable. All materials submitted to the Bigfork School District become the property of the District.

PLEASE TYPE OR PRINT

Last

First

Middle

Street

Mailing

City

State

Zip Code

Phone Number : \_\_\_\_\_ Mobil Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you become aware of this position opening?

### PERSONAL DATA

Why do you seek employment with Bigfork School District? \_\_\_\_\_

When would you be available for employment? \_\_\_\_\_

Other names used (include maiden name) \_\_\_\_\_ Date of use: \_\_\_\_\_

Previous mailing address \_\_\_\_\_  
Street City State Zip Code

Have you ever worked for this school district before? \_\_\_\_\_ When? \_\_\_\_\_ Position \_\_\_\_\_

What rate of pay are you expecting? \_\_\_\_\_

### MONTANA CERTIFICATES NOW HELD:

TYPE(S) & GRADES	MAJOR(S)	APPROVED AREAS	ENDORSEMENTS	EXPIRATION DATE

### OTHER STATE CERTIFICATION

STATE	TYPE/GRADES	MAJOR(S)	APPROVED AREAS	ENDORSEMENTS	EXPIRATION DATE

### EDUCATION AND PROFESSIONAL PREPARATION

List schools attended and special training received ("See Resume" is NOT a response.)

HIGH SCHOOL	ADDRESS					
COLL/UNIV	ADDRESS	DATES ATTENDED	YR GRAD	DEGREE	MAJOR/MINOR	GPA

Highest Degree Earned: \_\_\_\_\_ Total graduate hours above degree earned: \_\_\_\_\_

Total undergraduate hours above degree earned (if applicable): \_\_\_\_\_

Describe additional education not previously listed (i.e.: Trade, Technical, Specialty Schools): \_\_\_\_\_

\_\_\_\_\_

List honors you have received: \_\_\_\_\_

\_\_\_\_\_

List professional organizations to which you belong: \_\_\_\_\_

\_\_\_\_\_

List leadership positions in organizations: \_\_\_\_\_

\_\_\_\_\_

Describe special abilities or talents applicable to student instruction or activities: \_\_\_\_\_

\_\_\_\_\_

### PERSONAL REFERENCES

Give names and complete address and phone number of 3 references who are familiar with your personality, character and work habits. (DO NOT use relatives as references)

NAME	DATES KNOWN (MONTH AND YEAR)	OCCUPATION	ADDRESS	PHONE #
	From: To:			
	From: To:			
	From: To:			

Do you have a driver's license? \_\_\_\_\_ Type: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**PROFESSIONAL AND OTHER WORK EXPERIENCE**

Provide information below for employers for at least the last twenty (20) years with the most recent first. "See Resume" is not a response. Use backside of this sheet for added space.

You are required to provide the month and year of each date requested. If you are being considered for employment, the District will contact your current and past employers. Attach supplemental sheet if necessary and identify questions (s) to which you are responding.

DATES EMPLOYED MONTH/YEAR	EMPLOYER'S NAME ADDRESS/PHONE	SUPERVISOR'S NAME	REASON FOR LEAVING	GRADE LEVEL/ SUBJECT TAUGHT POSITION HELD
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Explain any gaps in employment of over 30 days for the past 20 years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been dismissed from a position? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been asked to resign from a position? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever resigned from a position rather than being non-renewed or dismissed or faced disciplinary action by an employer or against your certificate? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

## Conviction Report

Because of the responsibility the Bigfork School District No. 38 has to its school children and community, the following information is needed from all applicants and employees regarding convictions.\* A record of conviction does not necessarily disqualify an applicant from consideration; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any considerations that occur subsequent to the time they initially completed this form. Questions regarding this information should be directed to the District Personnel Clerk. Please read carefully and answer every question.

PLEASE PRINT CLEARLY

a. NAME: \_\_\_\_\_  
Last
First
Full Middle Name

OTHER NAMES USED: \_\_\_\_\_  
 (Include Maiden name, Nicknames, Etc.)

b. Social Security Number: \_\_\_\_\_

c. Have you ever been convicted of a minor offense other than a traffic violation? Yes  No

d. Have you ever been convicted of a felony? Yes  No

e. Are you now awaiting trial on a felony charge? Yes  No

f. Have you ever been convicted of a sex or drug related offense? Yes  No

g. Have you ever admitted or been convicted of a dangerous crime against children? Yes  No

If you answered YES to any of questions C through G, attach "supplemental conviction information form" available from the Personnel Clerk.

1. Is there any other information not required by this application that you should disclose to the District so that it may accurately evaluate your fitness to work in a position of public trust with minor students? Yes  No

(If you are uncertain as to the relevance or necessity to disclose a matter, trait, etc., disclose and the District will determine whether the information is pertinent). If your answer is anything other than NO, explain fully.

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete.

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Bigfork School District No. 38.

I authorize the Bigfork School District No. 38 to make reference checks prior to employment and I will execute such documents to facilitate this investigation. (This obligation to cooperate does not cease upon employment). I understand that my employment is not finalized until the background investigation has been completed and the Bigfork School Board Trustees has officially approved my employment. I understand that misrepresentation or omission of pertinent facts or failure to cooperate in the investigation may be cause for dismissal.

\_\_\_\_\_  
 Applicant Signature Date

\* Conviction means the final judgment on a verdict or a finding of guilty, or a plea of guilty or nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

\*\*Please note that prior to hiring, you must submit a notarized statement, provided by the district, attesting to the fact that you have neither admitted nor committed the crimes listed below. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Sexual abuse of a minor.</li> <li>2. Incest</li> <li>3. First- or second-degree murder</li> <li>4. Kidnapping</li> <li>5. Arson</li> <li>6. Sexual assault</li> <li>7. Sexual exploitation of a minor</li> <li>8. Felony offenses involving contributing to the delinquency of a minor</li> <li>9. Commercial sexual exploitation of a minor.</li> <li>10. Felony offenses involving sale, distribution, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport, or distribute marijuana or dangerous drugs</li> <li>11. Felony offenses involving the possession or use of marijuana or dangerous drugs.</li> <li>12. Burglary in the first, second or third degree</li> <li>13. Aggravated or armed robbery</li> <li>14. Robbery</li> </ol> | <ol style="list-style-type: none"> <li>15. A dangerous crime against children</li> <li>16. Child Abuse</li> <li>17. Sexual conduct with a minor</li> <li>18. Molestation of a child</li> <li>19. Voluntary manslaughter</li> <li>20. Aggravated assault</li> <li>21. Assault</li> <li>22. Exploitation of minors involving drug offenses</li> <li>23. Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument</li> <li>24. Commercial sexual exploitation of a minor</li> <li>25. Taking a child for the purpose of prostitution</li> <li>26. Child prostitution</li> <li>27. Involving or using minors in drug offenses</li> </ol> |
|--|--|

## Application for Certified Administrator Continued

Because you are applying for a position that involves working with children or the position would place you in the same environment as children, please complete the following section:

Have you, within the past seven (7) years, served any portion of a criminal sentence or been convicted of any form of violence such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involved drugs? Yes  No  If yes, explain the nature of the crime, place and date of correction or sentence.

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**Employment is contingent upon:**

1. FBI fingerprint investigation
2. Criminal background check
3. Verification of Professional Services
4. Professional reference check
5. Montana Certification

### APPLICANT AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the representative of Bigfork School District #38 to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at any employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application in the event of employment. I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand also that I am requested to abide by all rules and regulations of the Bigfork School District.

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Printed Name

Applicant Signature

Date

EEO: This district is in compliance with Federal and State equal employment opportunity laws. Qualified applicants are considered for a position without regard to race, color, sex, national origin, age, marital status or the presence of a non job-related medical condition or handicap.



**BIGFORK PUBLIC SCHOOL DISTRICT 38**

Home of the

**VIKES**  
and  
**VALS**

P.O. 188, 600 Commerce Street

Bigfork, Montana 59911

Phone: 406.837.7400 Fax: 406.837.7407

To the Applicant: Your signature ONLY is required on this form. It will be copied and sent to your work references.

*Personnel Reference Form*

Applicant Name: \_\_\_\_\_

Former Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The above-named applicant has applied for employment with the Bigfork School District and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence and will not be placed in a personnel file.

**Applicant's Authorization**

I consent to and authorize the above-named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment relating to my employment with the former employer. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant Signature

Date

**Record of Employment**

Position(s) Held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Summary of Essential Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary at Termination: \_\_\_\_\_ Eligible for Rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please rate the following:

	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Team Spirit	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Veteran's Employment Preference Form

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_  
Job Title

To claim preference under the Montana Veteran's Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

Veteran's Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer used a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any nonpreferred applicant holding substantially equal qualifications.

To claim VEP you must be a U.S. citizen *and* (check one of the boxes below):

- A Veteran, if
1. You have been separated under honorable conditions,  
AND
  2. You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard of Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
- A Disabled Veteran, if
1. You have been separated under honorable conditions from active duty,  
AND
  2. You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working
- The unremarried surviving spouse of a veteran or disabled veteran
- The mother of a veteran, if
1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability,  
AND
  2. YOUR SPOUSE is totally and permanently disabled OR YOU are the unremarried widow of the father of the veteran.

In the box below, check the attachment you have included to document the preference request

DD-214

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.

Complete the following information and return it with your completed application.

Date: \_\_\_\_\_

Sex:  Female  Male

Age: \_\_\_\_\_ Position applied for: \_\_\_\_\_

### Ethnic Group

Check one of the following:

- ALASKA NATIVE** - A person having origins in any of the original peoples of North America and who 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 in any or the original people of the Indian 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 people of the Philippine Islands.
- SPANISH AMERICAN** - A person of Mexican, Puerto Rican, Cuban, Central or South America or any other Spanish culture or origin regardless of race.
- WHITE** - (not of Hispanic origin) - A person having origins in any of the original people of Europe, North America, or the Middle East.
- OTHER** - Please specify:



BIGFORK SCHOOL DISTRICT NO. 38  
PO BOX 188, BIGFORK, MT 59911  
P: 406.837.7400 F: 406.837.7407

I, \_\_\_\_\_, am seeking employment or volunteer assignment with the Bigfork School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Bigfork School District. I hereby expressly and voluntarily give the Bigfork School 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 confidential criminal justice information as defined in Section 44-5-103(3), MCA, to the staff of the Bigfork School District and its agents. I understand that the Bigfork School 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 Bigfork School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Print Full Name: \_\_\_\_\_

Print Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

State of Montana  
County of Flathead

On this \_\_\_\_ day of \_\_\_\_\_, 201\_\_, 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 acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed, for the uses and purposes therein mentioned.

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

(Seal)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary  
Notary Public, State of \_\_\_\_\_  
County of \_\_\_\_\_  
My commission expires \_\_\_\_\_