

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 CLASSIFIED PERSONNEL

INSTRUCTION

Required material to be considered for employment includes: District Application, Current resume' and 3 letters of professional reference . This application must be filled out completely *without reference to a resume'*. All materials must be submitted by the deadline date.

Please Type or Print

Mr. _____
Mrs. _____
Miss _____
Ms _____
Address: _____
_____ Street _____ Mailing
_____ City _____ State _____ Zip Code
Phone Number: _____ Message Phone: _____ Date: _____

Position(s) Desired

(INDICATE ONE OR MORE - LIST ORDER OF PREFERENCE AND SUBJECTS)

- K-5 Elementary _____ Administration _____
 6-8 Middle School _____ Classified _____
 9-12 High School _____

Personal Data

(Please type or print)

1. Why do you seek employment with Bigfork School District? _____
2. When would you be available for employment? _____
3. Other names used (include maiden name) _____ Date of use: _____
4. Previous mailing address: _____
Street _____ City _____ State _____ Zip Code
5. Have you ever worked for this school district before? _____ When? _____ Position _____

Personal Data Continued

6. Do you have a driver's license? YES NO TYPE: _____
 Driver's license Number: _____ State: _____ Exp. Date: _____
 Commercial Driver's License? YES NO

Provide information below for employers for at least
 the last twenty (20) years with the most recent first.
 "See Resume" is not responsive.
 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 question(s) to which you are responding.

PROFESSIONAL AND OTHER WORK EXPERIENCE

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:				
From:				
To:				

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

Have you ever been dismissed from a position? YES NO

If yes, explain. _____

Have you ever been asked to resign from a position? YES NO

If yes, explain. _____

Have you ever resigned from a position rather than being non-renewed or dismissed or face disciplinary action by an employer or against your certificate? YES NO

If yes, explain. _____

EDUCATION AND PROFESSIONAL PREPARATION

List schools attended and special training received: ("See Resume" is NOT responsive)

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 <small>(Provide month and year)</small>	OCCUPATION	ADDRESS	PHONE #
	From: To:			
	From: To:			
	From: To:			

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? _____ Branch _____ Dates: From _____ To _____ Rate/Rank _____
Reserve Status _____ Type of Discharge _____ What were your duties in the Service? (include training and assignments) _____

HEALTH AND MEDICAL

1. Do you have any physical or mental handicaps or defect that would preclude you from the required duties as stated in the attached job description? YES NO

If yes, please describe such handicaps _____

2. Have you ever made a claim for or received compensation for any injury? YES NO

If yes, please explain your injury: _____

PRE-EMPLOYMENT PHYSICAL EXAMINATIONS

The following positions are subject to a mandatory pre-employment medical examination:

1. Maintenance
2. Custodial
3. Food Service
4. Special Education Aide

In accordance with Board Policy No. 5130, Staff Health, an offer of employment in any of the above-referenced job categories is contingent upon a pre-employment medical examination and the applicant's ability to perform the duties of the position as determined by the medical examination.

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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Are you now waiting trial on a felony charge? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Have you ever been convicted of a sex or drug related offense? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Have you ever admitted or been convicted of a dangerous crime against children? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF YOU ANSWERED YES TO ANY OF QUESTIONS C THROUGH G, ATTACH "SUPPLEMENTAL CONVICTION INFORMATION FORM" AVAILABLE FROM THE PERSONNEL CLERK.

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.

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

APPLICATION FOR CLASSIFIED PERSONNEL 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? NO YES If yes, explain the nature of the crime, place and date of correction or sentence.

Employment is contingent upon:

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

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 inquires 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 inquires 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 regulation of the Bigfork School District.

Printed Name

Signature of Applicant

Date Signed

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 SCHOOL DISTRICT NO. 38
POST OFFICE BOX 188, BIGFORK, MT 59911
PHONE: 406.837.7400 FAX: 406.837.7407

I, _____, am seeking employment or volunteer assignment with Bigfork School District No. 38. 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: _____

Birth Date: _____ Social Security Number: _____

State of Montana
County of Flathead

On this _____ day of _____, 20, before me, _____, a Notary Public for 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 for the State of Montana
Residing at _____
My Commission Expires _____

VETERANS' EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security Number: _____

Position Applied For: _____
Job Title

To claim preference under the **Montana Veterans' 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.

Veterans' 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 non-preferred 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 un-remarried 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 un-remarried 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 PUBLIC SCHOOL DISTRICT 38

P.O. Box 188, 600 Commerce Street
Bigfork, Montana 59911
Phone: 406.837.7400 Fax: 406.837.7407

Home of the
VIKES
and
VALS

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: _____ SS# _____

Former Employer: _____

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. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. 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: _____

RELEASE OF INFORMATION PROTECTIVE SERVICE BACKGROUND CHECKS

PLEASE TYPE OR PRINT LEGIBLY

Incomplete or illegible forms may be returned

Legal Name _____
(First Name) (Middle Name) (Maiden Name) (Last Name)

Enter NMN if none

Aliases/Other Names Used _____

Date of Birth: _____ Social Security Number: _____ Sex: Male Female

Current Mailing Address: _____

Please check as many as apply. **The reason this information is being requested is that I am:**

- an applicant for employment an employee a prospective volunteer a volunteer

Authorization Statement and Signature

I am aware that this release pertains to report(s) of child abuse or neglect in Montana that indicates **a risk to children**. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that a child in the care of the person was adjudicated by a court as a youth in need of care; and/or a history that show that the person has had their caregiver rights to a child terminated. The information provided under this release may contain information that could adversely affect my employment or volunteer status.

I hereby authorize the Department of Public Services, Child and Family Services Division to release confidential information in connection with my status as a prospective or current employee or volunteer in accordance with 41-3-20593(o) MCA to:

Name of Agency Mailing Address

Name of Agency Contact Person: Telephone No: Fax No:

I am also aware that although the entities requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

The Department of Public Health and Human Services (DPHHS) does not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental disability, or national origin. If you believe you have been subjected to discrimination contact the DPHHS Human Resources Division at (406) 444-3136 or the Montana Human Rights Bureau at 1-(800)-542-0807, or relay service at 711.

Signed: _____ Date: _____
(MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC)

TO BE COMPLETED BY NOTARY PUBLIC:

Taken, sworn, and subscribed to me this _____ day of _____ A.D. _____

Notary Public for the State of Montana Residing at

Printed name of Notary Public My Commission expires

