

**BIGFORK SCHOOL DISTRICT NO. 38
SUBSTITUTE INFORMATION**

Name: _____

Birth Date (E.E.O Information): _____

Phone: (_____) _____

Email (Required for Substitute Online): _____

Mailing Address: _____

Emergency Contact (Other than Spouse):

Name: _____

Relationship: _____

Phone: (_____) _____

.....
I am interested in substituting in the following areas:

- Classroom Teacher - Grade Level(s) _____
- Classroom Aide - Grade Level (s) _____
- Special Education Aide*
- Playground Aide
- Custodian*
- Food Service*
- Clerical
- Route Driver**

*Pre-employment medical screening required of Special Education Aide, Custodian and Food Service substitutes.

**Special requirements for Route Driver include DOT Medical Certificate, Class B Commercial Driver's License with passenger endorsement and First Aid card. Prefer license with non-restricted airbrake qualifications.

BIGFORK PUBLIC SCHOOLS

SUBSTITUTE TEACHER INFORMATION

(Fill out *only* if you are applying for substitute *teacher* position)

Name: _____ Date: ____ / ____ / ____
Last First Middle Initial

Address: _____
Street Address City State Zip

Are you a certified teacher? Yes No

If yes, what areas of certification do you have? _____

Areas you are willing to substitute in: _____

Areas you would NOT substitute in: _____

Experience in teaching: _____

How do you manage a classroom of students? _____

What would you do if a student challenged your authority? _____

Have you ever been convicted of a crime or had your driver's license revoked? _____

What method of transportation will you use to get to work? _____

Have you ever applied for work under any other name? _____

Have you ever worked for the school district in the past? Yes No When? _____

Would you work full/part time? _____

Specify days/hours if part time: _____

Date available to start work: ____ / ____ / ____

Applicant Signature _____ Date _____

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
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				
To: From:				

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

1) Have you ever been dismissed from a position? Yes No

If yes, explain: _____

1a) Have you ever been asked to resign from a position? Yes No

If yes, explain: _____

1b) Have you ever resigned from a position rather than being non-renewed or dismissed of face disciplinary action by an employer or against your certificate? Yes No

If yes, explain: _____

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 (provide month and year)	Occupation	Address	Phone Number

Education and Professional Preparation

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

High School	Address					
College/University	Address	Dates Attended	Yr. Grad.	Degree	Major/Minor	GPA

Highest Degree Earned: _____ Total graduate hour above degree earned: _____
 Total undergraduate hour above degree earned: _____

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

3a) List honors you have received: _____

3b) List professional organizations to which you belong: _____

3c) List leadership positions in organizations: _____

3d) Describe special abilities or talents applicable to student instruction or activities: _____

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 waiting 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"> 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 | <ol style="list-style-type: none"> 15. A dangerous crime against children 16. Child Abuse 17. Sexual conduct with a minor 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 Substitute 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.

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.

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

P.O. 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: _____

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: _____

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



BIGFORK PUBLIC SCHOOL DISTRICT 38

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

Home of the
VIKES
and
VALS

I understand that ALL information pertaining to ANY special service a child receives is strictly confidential and cannot be shared with any person who is not DIRECTLY working with the child's educational needs. This includes, but is not limited to, any information pertaining to the child's evaluation, placement, medical observation, historical, anecdotal or other records.

Applicant Signature

Date

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 _____, 20____, 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 _____