

# BIGFORK SCHOOL DISTRICT NO. 38

## SUBSTITUTE INFORMATION

NAME: \_\_\_\_\_

BIRTHDATE (E.E.O. Information): \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_



I am interested in substituting in the following areas:

- 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.



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)

# 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:

- |   |  |
|---|--|
| 1. Sexual abuse of a minor.   | 15. A dangerous crime against children   |
| 2. Incest   | 16. Child Abuse  |
| 3. First- or second-degree murder   | 17. Sexual conduct with a minor  |
| 4. Kidnapping   | 18. Molestation of a child   |
| 5. Arson  | 19. Voluntary manslaughter   |
| 6. Sexual assault   | 20. Aggravated assault   |
| 7. Sexual exploitation of a minor   | 21. Assault  |
| 8. Felony offenses involving contributing to the delinquency of a minor   | 22. Exploitation of minors involving drug offenses   |
| 9. Commercial sexual exploitation of a minor.   | 23. Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument |
| 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 | 24. Commercial sexual exploitation of a minor  |
| 11. Felony offenses involving the possession or use of marijuana or dangerous drugs.  | 25. Taking a child for the purpose of prostitution   |
| 12. Burglary in the first, second or third degree   | 26. Child prostitution   |
| 13. Aggravated or armed robbery   | 27. Involving or using minors in drug offenses   |
| 14. Robbery   |  |

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 \_\_\_\_\_, 2015, 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 \_\_\_\_\_

**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