

**HARLOWTON PUBLIC SCHOOLS
SCHOOL DISTRICT 16
APPLICATION FOR CERTIFIED TEACHING EMPLOYMENT**

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

Applicant Signature Date

PLEASE TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK

Name: _____
Last First Middle Social Security Number

Address: _____
Street/Mailing City State Zip

Previous Name/s: _____

Home Phone: _____ Other: _____

Specific position for which you are applying: _____

Other positions in which you are interested or for which you qualify?

Do you hold a valid Montana Certificate: _____ Folio #: _____

Class: _____

Level: _____

Grades covered by your certificate: K-8 _____ 5-12 _____ 7-12 _____ K-12 _____

(If applicable)

Major area of preparation/endorsements: _____

Minor area of preparation/endorsements: _____

INSTRUCTIONS AND INFORMATION

Please complete all pages of the application fully and legibly. Furnishing information on the application is mandatory, unless otherwise stated.

- In addition to the completed and signed application, please provide the following information:

1. A letter of application specifying the applied-for position
2. Professional resume which includes academic preparation, experience, and other related qualifications
3. Copies of transcripts of all college or university credits to date (official transcripts required upon hire)
4. College placement file/papers and/or letters of recommendation (minimum of three)
5. Evidence of Montana certification/licensure

- An application may be submitted in person, by email, U. S. mail, or fax. Applications must be received by the final filing date. Postmarks are not accepted.
- Photocopies may be submitted in place of an original application.
- Applications and supporting materials will not be returned.
- Your complete application will be kept on file for two years, but a letter of application for a specific position requesting reactivation during that time is required.
- Background checks with fingerprinting are required.
- Finalist candidates will be contacted by the district.

Please answer the following questions:

1. Do you have the legal right to accept work in the United States? Yes No

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? Yes No

3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No If yes, please explain, include date of discharge or resignation and reason for discharge or resignation:

4. I hereby certify that (check the applicable box and provide the information requested):
_____ I have not pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere (minor traffic offenses excepted).
_____ I have pleaded guilty to or been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment).

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am seeking employment with the Harlowton Public Schools. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children of the Harlowton School District. I hereby expressly and voluntarily give Harlowton Public Schools 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 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 authorized above, from any dissemination of the information requested subject to the provision of Title 44, Chapter 5, Part 3, MCA.

This document is effective for 90 days or until revoked, in writing, by me.

Signature: _____ Date: _____

PRINT FULL NAME: _____

PRINT FULL ADDRESS: _____

_____ City State Zip

ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing release, and acknowledge to me that executed the same as his/her free act and deed, for the uses and purposes therein mentioned.

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

Notary Public Signature

State of _____

County of _____

My commission expires _____

EMPLOYMENT RECORD

List your present or most recent employer first. Describe your employment history, account for all time during at least the past 15 years. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers? Yes No

Employer: _____ Your job title: _____

Address: _____

Immediate Supervisor and title: _____

Telephone: _____ Employment Dates: From _____ To _____

Job Duties: (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: _____

Employer: _____ Your job title: _____

Address: _____

Immediate Supervisor and title: _____

Telephone: _____ Employment Dates: From _____ To _____

Job Duties: (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: _____

Employer: _____ Your job title: _____

Address: _____

Immediate Supervisor and title: _____

Telephone: _____ Employment Dates: From _____ To _____

Job Duties: (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: _____

Employer: _____ Your job title: _____

Address: _____

Immediate Supervisor and title: _____

Telephone: _____ Employment Dates: From _____ To _____

Job Duties: (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: _____

Employer: _____ Your job title: _____

Address: _____

Immediate Supervisor and title: _____

Telephone: _____ Employment Dates: From _____ To _____

Job Duties: (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: _____

EQUAL OPPORTUNITY EMPLOYER

The Harlowton Public Schools prohibits discrimination against or harassment of any person employed by or seeking employment with the District because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. Individuals with disabilities may request reasonable accommodation in the hiring process by contacting the District personnel office.

PROOF OF EMPLOYABILITY

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of certification of employment eligibility in the United States pursuant to Form 1-9 of the U.S. Department of Justice.

DRUG FREE/TOBACCO FREE POLICIES

The school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free and tobacco free policies.

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the Superintendent/Board or designated authorized representative. Further, I have read and understand the above policies of employment. If employed by Harlowton Public Schools, I agree to abide by these policies of employment.

Applicant

Date

EMPLOYMENT PREFERENCE FORM

Name: _____

Social Security No: _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing information is voluntary but must be included with the application 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.

- I. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicants score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second 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.

2. To claim Veterans' Employment Preference, 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 Air Force, Navy, Marines, or Coast Guard (not including National Guard or 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.
3. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years of service in the armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

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 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.
2. Your spouse is totally and permanently disabled, or you are the unmarried widow of the father of the Veteran.

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

DD-214

Other

Applicant Name: _____

Date: _____