

APPLICATION FOR EMPLOYMENT



POTOMAC SCHOOL DISTRICT #11
29750 POTOMAC ROAD
POTOMAC, MT 59823
(406) 244-5581

Please type or print clearly using a dark pen.

Name: _____

Previous Name(s): _____

Current Address: _____

Street or P.O. Box City State Zip

If current address is less than 3 years, previous address(s):

Street or P.O. Box City State Zip

Home Phone: _____ Additional Contact Phone: _____

Specific position(s) for which you are applying: _____

Applications and supporting materials become the property of Potomac School District #11 and will not be returned or available for copying. Potomac School District will keep applications for one year. A new letter of application for a specific position will be required upon reactivation. Potomac School District reserves the right to request new applicable information upon reactivation.

INSTRUCTIONS AND INFORMATION

A. Complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. In addition to the completed and signed application form, the following information is **required** for applications for permanent teaching positions and **recommended where applicable** for all other positions:

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

B. Notes:

1. All applications may be submitted in person, by mail, or by fax (406) 244-5840. For permanent positions, applications must be received by the final filing date. Postmarks are not accepted.
2. Final candidates will be background checked. The District will reimburse new hires for getting their fingerprints taken at the Missoula County Sheriff's Office (\$15).
3. Finalist candidates will be contacted by the District.

C. Please answer the following questions:

1. Do you have the legal right to 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? _____

3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

If yes, explain; include the date of discharge or resignation and the reason for discharge or resignation:

ADDITIONAL PERTINENT INFORMATION, QUALIFICATIONS, CERTIFICATES, REFERENCES

Do you hold a valid Montana Teaching Certificate? (Yes/No) _____ (If you hold a valid Montana Teaching Certificate, make sure you attach a copy of the Certificate.)

Please list complete current information for at least three references below.

	Name	Title	Address	Phone #s (Home and Work)
1				
2				
3				

EDUCATION HISTORY:

List from most recent to least recent attendance

	University or College	Location	Subject	Degree	GPA
1					
2					
3					

Quarter Credits completed beyond: B.A. Degree _____ M.A. Degree _____

EMPLOYMENT RECORD

Using the space below and starting with your present or most recent employer. Describe your employment history, accounting for all time during at least the last 15 years. You may include volunteer and paid experience. **You may substitute a resume if all of the information requested below is included. You also 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(s) 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(s) 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(s) 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(s) for Leaving: _____
Salary: _____

EQUAL OPPORTUNITY EMPLOYER

Potomac School District #11 prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school 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 verification of employment eligibility in the United States pursuant to Form I-9 of the Department of Homeland Security.

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

If employed by a participating school district, the applicant authorizes the school district to supply his/her employment record *at the school district's sole discretion*, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

DRUG FREE/TOBACCO FREE POLICIES

Potomac School District is drug free, tobacco free and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

ACKNOWLEDGMENT

I understand that no offer of employment or benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the District Administration, satisfactory completion of a fingerprint background check (This may take as long as 3-4 weeks after submittal of the fingerprints to the Administration Office.), and fully approved by the Board. I understand that no contract for employment shall be issued until all of the above items are completed. Further, I have read and understand the above policies of 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

Potomac School District requires background checks and finger printing for all new employees. The information below must be completed and attached to the application. This form MUST be signed in front of a notary public. (REQUIRED) 5122F

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment, volunteer assignment and/or approval to be selected as an on-call substitute with Potomac School District #11(the District). I hereby expressly authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in 44-5-103(3), MCA**, to the staff of the District and its agents.

I have _____ have not _____ [check one] been convicted or adjudicated* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to the completion of the fingerprint background check.

* **Adjudication - A passing of judgment of a court of law or decision of a judge.**

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 liability for damages which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA. A fingerprint background check will be at my expense and will be deducted from the initial paycheck, unless other arrangements are made with the District office.

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

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)
: ss.
County of _____)

On this _____ day of _____, 201__, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the 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.

(S E A L)

[name]
NOTARY PUBLIC for the State of Montana
Residing at _____, Montana
My commission expires: _____

(OPTIONAL)

SUPPLEMENTAL INFORMATION FORM
FOR
AFFIRMATIVE ACTION INFORMATION

NAME OF APPLICANT (optional): _____

Providing this information is strictly on a *voluntary basis*. 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: _____

Age: _____

Position applied for: _____

Ethnic Group: ___Asian ___Black ___Hispanic
 ___American Indian ___Other ___Unknown ___White

(This information will be placed on file for reporting purposes to the Federal Government only. None of the information will be used in the selection process.):