

LAME DEER PUBLIC SCHOOL DISTRICT No.6

P. O. Box 96

101 W. Boundary St.

Lame Deer, MT. 59043

Phone: (406)477-6305 Fax: (406)477-6535

CERTIFIED TEACHING APPLICATION

Applicant Signature

Date

PLEASE PRINT CLEARLY IN BLACK INK

FIRST

MIDDLE

LAST

Mailing Address

Physical Address

City

State

Zip

Home Phone

Alternate/Message Number

PREVIOUS NAMES USED:

Position applying for: _____

Other positions that you are interested in: _____

List your experience that qualifies you for the position: _____

Do you hold a valid Montana Teaching Certificate? Yes ___ No ___

Folio #: _____ Class: _____ Level: _____ Expiration Date: _____

Check grades covered: K-8 _____ 5-12 _____ 7-12 _____ K-12 _____ Pre-K _____

(If Applicable)

Major Area of Preparation/endorsement: _____

Minor Area of Preparation/endorsement: _____

INSTRUCTIONS & 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:

1. Letter of Interest listing specific position applied for.
2. Resume including academic preparation, experience, and other related qualifications.
3. Transcripts of all College/University credits to date (official transcripts required upon hire)
4. College placement file/papers and or letters of recommendation (min. 3)
5. Completed background information request.

An application may be submitted in person, by mail, through email, or by fax. Applications must be received by the final filing date. Postmarks are not accepted. Photocopies may be submitted in place of the original application. Applications and supporting materials will not be returned. Applications will not be kept on file. The District will contact finalist candidates.

Please answer the following questions:

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

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

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

4. I hereby certify that (Check applicable box & provide requested information):

_____ I have NOT been charged or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or 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 conviction. (This doesn't necessarily disqualify a person for employment consideration).

5. Has your teaching certificate ever been suspended or revoked in any State? Yes _____ No _____

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, am seeking employment with the Lame Deer Public School District No.6. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the District. I hereby expressly and voluntarily authorize the District the right to make a thorough investigation of my past employment, education, and activities. I specifically authorize release of any and all information of a confidential or privileged nature. Including confidential criminal justice information as defined in 44-5-1032(3) and 41-3-2-5(3)(0) 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, 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 liability for damage which may result from any dissemination of the information requested subject to the provision of Title 44, Chapter 5, Part 3 and Title 41, Chapter 3 MCA.

This document is effective until revoked in writing by me.

Signature

Date

PRINTED Full Name

PRINTED FULL ADDRESS

City

State

Zip

Any other names you have used:

Birthdate: _____

Social Security No.: _____

.....
MUST BE NOTARIZED.

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this

____ day of _____, 20____ by

_____, who is

personally known to me or who has produced
_____ as identification.

LAME DEER PUBLIC SCHOOL

DISTRICT No.6 ROSEBUD COUNTY
P. O. Box 96
101 W. Boundary St.
Lame Deer, Montana. 59043
Phone (406) 477-6305 Fax (406) 477-6535

Office of the Superintendent PERSONAL REFERENCE FORM

To the applicant: Your **SIGNATURE ONLY** is required on this form. It will be copied and sent to your work references.

APPLICANT NAME: _____
FORMER EMPLOYER: _____
SOCIAL SECURITY #: _____

The above named applicant has applied for employment with the Lame Deer 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.

APPLICANTS AUTHORIZATION

I consent to and authorize the above named employer, its agents, and its employees to furnish any reference information concerning me, my achievements, 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, its agents, and its 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 or any attempts to comply with this information.

APPLICANT SIGNATURE

DATE

RECORD OF EMPLOYMENT

Position(s) Held: _____

Date(s): _____

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

EMPLOYMENT RECORD

List your present or most recent employer first. Include all employment for the past 15 years, and account for breaks in employment. You may include volunteer and paid experience. DO NOT substitute a resume, but you may attach additional information.

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

Employer: _____ Job Title: _____

Address: _____

Telephone: _____

Immediate Supervisor: _____ Title: _____

Dates of Employment: Start: _____ End: _____

Job Duties (briefly list all duties related to this position): _____

Reason for leaving: _____

Ending Salary; \$ _____

.....
Employer: _____ Job Title: _____

Address: _____

Telephone: _____

Immediate Supervisor: _____ Title: _____

Dates of Employment: Start: _____ End: _____

Job Duties (briefly list all duties related to this position): _____

Reason for leaving: _____

Ending Salary; \$ _____

.....
Employer: _____ Job Title: _____

Address: _____

Telephone: _____

Immediate Supervisor: _____ Title: _____

Dates of Employment: Start: _____ End: _____

Job Duties (briefly list all duties related to this position): _____

Reason for leaving: _____

Ending Salary; \$ _____
.....

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Address: _____

Telephone: _____

Immediate Supervisor: _____ Title: _____

Dates of Employment: Start: _____ End: _____

Job Duties (briefly list all duties related to this position): _____

Reason for leaving: _____

Ending Salary; \$ _____

.....

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Telephone: _____

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Dates of Employment: Start: _____ End: _____

Job Duties (briefly list all duties related to this position): _____

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Ending Salary; \$ _____

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Employer: _____ Job Title: _____

Address: _____

Telephone: _____

Immediate Supervisor: _____ Title: _____

Dates of Employment: Start: _____ End: _____

Job Duties (briefly list all duties related to this position): _____

Reason for leaving: _____

Ending Salary; \$ _____

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ADDITIONAL INFORMATION, QUALIFICATIONS, AND CERTIFICATES PERTINENT TO POSITION:

REFERENCES

Please list current information for at least three (3) and no more than five (5) references below.

NAME **TITLE** **ADDRESS** **PHONE (home & work)**

EDUCATION HISTORY

List from most recent attendance

College/University **City, State** **Area of Study** **Degree** **Year** **GPA**

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

EQUAL OPPORTUNITY EMPLOYER

The Lame Deer Public Schools is committed to providing a non-discriminatory employment environment for its employees. The policy of the Lame Deer Public Schools is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years or older), military and veteran status – when the reasonable demands of the position do not require an age, physical/mental disability, marital status, or sex distinction - is prohibited. Violations of this policy will be subject to discipline, up to and including termination. Equal employment opportunity and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and company sponsored training.

PROOF OF EMPLOYABILITY, TB TEST

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 U.S. Department of Justice.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin test within seven (7) days of employment.

DRUG FREE/TOBACCO FREE POLICIES

Lame Deer Public Schools are drug free & tobacco free schools. And as such requires all employees to adhere to the specific drug free & tobacco free policies.

ACKNOWLEDGEMENT

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 fully approved by the Lame Deer Board of Education and a background check has been successfully pursued. Further, I have read and understand the above policies of employment. If employed by a participating school district, I agree to abide by these policies of employment.

Applicant Signature

Date

AFFIRMATIVE ACTION INFORMATION

Lame Deer School District No.6

P. O. Box 96

101 W. Boundary St.

Lame Deer, MT. 59043

Montana State law requires that employers keep records on the race and gender of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be **filed separately from all of you other employment records**. As required by state law, it will be available only to the School District Human Resource Office and federal and state employment officials.

Please complete:

Name: _____

Date: _____ **Position Applied For:** _____

Please select: **Male Age:** _____ **Female Age:** _____

Check One Ethnic Group:

	ALASKA NATIVE – A person having origins in any of the original peoples of the 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 American and who maintains cultural identification through tribal affiliation or community recognition.
	ASIAN AMERICAN – A person having origins in any of the original peoples of the Indian subcontinent, the Pacific Islands, or the far East: for example, China, Japan, and 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 peoples of the Philippine Islands.
	SPANISH AMERICAN – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
	WHITE – (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North America, or the Middle East.
	OTHER (please specify)