

Complete this form in its entirety.

SCOBAY SCHOOL DISTRICT #1 APPLICATION FOR CERTIFIED TEACHING POSITION

Last Name: _____ First Name: _____ MI: _____
Business Address: _____ Work Telephone: _____
Home Address: _____ Contact Telephone: _____
City, State, Zip: _____ Email Address: _____
Date of Birth: _____ Social Security Number: _____

PRESENT POSITION

Present School: _____ Current Position: _____
Salary During Current Year: _____ Expiration of Current Contract: _____

SUMMARY OF EXPERIENCE

List all employment and education experience starting with most recent. Please include school and non-school.

INSTITUTION & LOCATION	POSITION	FROM/TO	YEARS

CERTIFICATE

Please list your current teaching certificates held and in which States they are valid.

CERTIFICATE	EXPIRATION DATE	FOLIO#

PROFESSIONAL PREPARATION

INSTITUTION AND LOCATION	MAJOR/MINOR	DEGREE EARNED

REFERENCES

Please list three references you feel have the best insight as to your administrative capabilities.

NAME	WORK PHONE	HOME PHONE	WORKING RELATIONSHIP

PROFESSIONAL CONDUCT STATEMENT

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1. Do you have a legal right to work in the United States? | ___ | ___ |
| 2. Are you able to 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? | ___ | ___ |
| 4. I hereby certify that <i>(check the applicable box below and provide the information requested – please note that answers to this question may not necessarily disqualify an applicant from consideration for employment):</i> | | |

___ **I have not** pleaded guilty to, nor have I been convicted of any violation of criminal law (minor traffic offences excepted).

___ **I have** pleaded guilty to, or **I have** been convicted of at least one violation of criminal law including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted). *Please attach and sign a complete description of the circumstances surrounding all convictions.*

AUTHORIZATIONS AND ACKNOWLEDGEMENTS

Pursuant to Montana's open meeting laws, application materials will likely be reviewed and considered by the Scobey School Board of Trustees in open session. There are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure, thereby allowing the chairperson of the Board of Trustees of a public school to convene in a closed (executive) session, should the chairperson make a determination that an individual's right of privacy clearly outweighs the public's right to know. If the chairperson of the Scobey School Board of Trustees convenes in an executive session to review or consider any information obtained during the hiring process, I acknowledge and agree that the Board may engage in discussion about me without my physical presence.

I understand that once my application materials are given to the Scobey School Board of Trustees, my name may be disclosed to the public upon request.

Applicants Signature Date

I certify that all statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of a material fact, or altering this application form, may result in refusal of my application by the District, nullification of a possible offer of employment or termination from employment should the District make an offer of employment to me and later discover any such omission or misrepresentation. By signing below, I agree that any misrepresentation, omission of information or alteration of this application form constitutes good cause for termination from employment should the District make an offer of employment to me and later discover such omission or misrepresentation.

Applicants Signature Date

Equal Opportunity Employer

Each participating school district 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, passport 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.

Drug Free/Tobacco Free Policies

Each of the participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

**AUTHORIZATION TO RELEASE INFORMATION
INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK**

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment with the Scobey School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Scobey School District. I hereby expressly and voluntarily give the Scobey 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 Scobey School District and its agents. I understand that the Scobey 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 Scobey 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)

: ss. County of _____)

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 he/she executed the same as his/her 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.

Notary Public, State of Montana

County of _____

My commission expires _____