

# APPLICATION FOR EMPLOYMENT

SCHOOL DISTRICT #1

P.O. BOX 10

SCOBAY, MT 59263

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap.

## PERSONAL

Last Name	First	Middle	Today's Date
Street Address:		Mailing Address:	Home Phone ( ) -
City	State	Zip	Business Phone ( ) -
Social Security #:		Date of Birth:	Email address:
Position Desired?			Pay Expected
Have you ever applied for employment with us? ____ Yes ____ No			If yes, when: _____
Are you a citizen of the United States? ____ Yes ____ No			
I hereby certify that (check applicable box and provide the information requested). <i>Please note that answers to this question may not necessarily disqualify an applicant from consideration for employment.</i>			
<input type="checkbox"/> I have not pleaded guilty to, nor have I been convicted of any violation of criminal law (minor traffic offenses excepted).			
<input type="checkbox"/> 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.			

## EDUCATION

College	Location	Subject	Degree	Year

**EMPLOYMENT**

Please give accurate, complete full-time and part-time employment records. Start with the present or more recent employer.

1	Employer	Telephone (     ) -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

2	Employer	Telephone (     ) -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

3	Employer	Telephone (     ) -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

4	Employer	Telephone (     ) -
	Address	Years Employed: _____ to _____
	Name of Supervisor	Highest Salary
	Position	Reasons for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

**REFERENCES**

Please list information for three references.

Name	Title	Phone	E-mail

**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, religion, color, sex, national origin or because of age, physical or mental disability, or genetic information, 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.

**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, tobacco free policies.

**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.**

\_\_\_\_\_  
Applicant Signature Date

**\*All Applications MUST be signed.**

**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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**EMPLOYMENT PREFERENCE FORM**

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

**A Veteran**, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran**, if

1. you were separated under honorable conditions from military 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 or her from working.

**The unremarried surviving 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, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

**A person with a disability** certified by DPHHS, **OR**

**The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- |  |   |
|--|---|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter  |
| <input type="checkbox"/> DPHHS Disability Certification            | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

**SIGNATURE** (typed or written): \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_