

APPLICATION FOR EMPLOYMENT

SCHOOL DISTRICT #1

P.O. BOX 10

SCOBEEY, 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			Home Phone () -
City	State	Zip	Business Phone () -
Position Desired?			Pay Expected
Social Security #:			Date of Birth:
Have you ever applied for employment with us? ____ Yes ____ No			If yes, when: _____
Are you a citizen of the United States? ____ Yes ____ No			
Have you ever been convicted of a criminal offense (felony or misdemeanor)? ____ Yes ____ No			
If yes, explain: _____			

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

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 _____