THREE FORKS PUBLIC SCHOOLS

**School District No. J-24 . 212 East Neal . Three Forks, MT 59752**

Dear Applicant,

The Three Forks School strives to recruit the highest quality employees that can become a part of our educational team. In an effort to assist each potential candidate, the following criteria have been provided to ensure a completed application.

* District Application – Please be sure to have the application notarized as required on the signature page
* Cover Letter
* Resume

The successful candidate will be required to have a TB Test and a fingerprint background check. Please understand that the Three Forks School, like all districts across the nation, has a very high standard for the outcome of the background check, anything above minor traffic violations will be questioned. Lastly, Montana State Law dictates that only the Board of Trustees can hire employees, therefore all employment offers will not be official until the next meeting of the Board of Trustees.

Sincerely,

Jeff Elliott

Superintendent

**THREE FORKS PUBLIC SCHOOL**

**CLASSIFIED APPLICATION**

Three Forks School District

212 East Neal

Three Forks, MT 59752

406-285-3224- Phone

406-285-3216 – Fax

DATE:

Mr., Ms.

Last First Middle Initial

Present

Address:

Street City State Zip

Permanent

Address:

Street City State Zip

Telephone: (Home) (Work)

Social Security Number:

**PLEASE INDICATE AREAS IN WHICH YOU SEEK EMPLOYMENT**

Clerical

Custodial

Food Service

Instructional /Paraprofessional

Maintenance/Grounds

Bus Driver

Coach

Secretary

­­­­­­­­­­­\_\_\_\_\_\_\_Business Manager/Clerk

**PERSONAL REFERENCES (OTHER THAN RELATIVES AND FORMER EMPLOYERS):**

Name Address City, State, Zip Telephone

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**COMPLETED EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HIGH SCHOOL:  Location: | Diploma: | | |  |
| COLLEGE:  Location: | Degree:  Date Graduated: | Major:  Minor: | |  |
| Trade, Business,  School:  Location: | Degree/Diploma:  Date Graduated: | | Course of Study: |  |

**WORK EXPERIENCE**

CURRENT EMLPOYER

|  |  |  |
| --- | --- | --- |
| Name: | Supervisor: | From: (Mo/Yr) To: (Mo/Yr) |
| Address: | Duties: | |
| City, State, Zip: |  | |

FORMER EMPLOYERS

(Begin with Most Recent. Attach Additional Sheets if Necessary.)

|  |  |  |
| --- | --- | --- |
| Name: | Supervisor: | From: (Mo/Yr) To: (Mo/Yr) |
| Address: | Duties: | |
| City, State, Zip: |  |  |
| Name: | Supervisor: | From: (Mo/Yr) To: (Mo/Yr) |
| Address: | Duties: | |
| City, State, Zip: |  |  |
| Name: | Supervisor: | From: (Mo/Yr) To: (Mo/Yr) |
| Address: | Duties: | |
| City, State, Zip: |  |  |

ARE YOU A VETERAN? YES NO

Dates of Service

DO YOU HAVE A DRIVER’S LICENSE? YES NO

DO YOU HAVE A “Commercial” CDL LICENSE? YES NO

DO YOU DESIRE FULLTIME WORK? YES NO

WILL YOU ACCEPT NIGHT WORK? YES NO

ARE YOU INTERESTED IN SUBSTITUTING? YES NO

DO YOU WISH SEASONAL OR PERMANENT EMPLOYMENT?

WHEN ARE YOU AVAILABLE FOR WORK?

**SPECIAL QUALIFICATION:**

What special work experience, training or other qualifications do you have that will make you successful in the job you are seeking?

Three Forks Schools is an equal opportunity employer that encourages applications from all persons regardless of race, religion, sex age, national origin or disability.

PERSONAL DATA

Have you been convicted or adjudicated of any crime in any jurisdiction besides minor traffic offenses? \_\_\_\_\_\_\_\_\_\_\_ If yes, please explain on a separate sheet of paper.

# Authorization to Release Information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am seeking employment with the Three Forks School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Three Forks School district.

I hereby expressly and voluntarily give Three Forks 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 Administration of the Three Forks School District and its agents. I understand the Three Forks 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 Three Forks 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_, before me, a notary public of the State of \_\_\_\_\_\_\_\_\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person named in the foregoing release, and acknowledged to me that \_\_\_\_\_\_\_\_\_\_\_

Executed the same as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Notary Public, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_