Employment Application for Certified Personnel

Three Forks Public Schools

212 East Neal

Three Forks, MT 59752

Phone: (406)285-6830

Fax: (406)285-3216

Name: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Soc. Security No.

Address: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or Box City State Zip Telephone

Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List, in order of preference, the position(s) desired: State subject, etc.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What extra-curricular areas would you be willing to sponsor or coach? These are to be considered extra pay duties.

\_\_\_\_\_Basketball \_\_\_\_\_Band \_\_\_\_\_Student Council \_\_\_\_\_Track

\_\_\_\_\_Drama \_\_\_\_\_Speech \_\_\_\_\_School Paper \_\_\_\_\_Annual

\_\_\_\_\_Football \_\_\_\_\_Volleyball \_\_\_\_\_Chorus \_\_\_\_\_Band

What are your hobbies?

List any computer/technology background you may have. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you would be available for employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List honors received, organization memberships, etc.

REFERENCES

Please include superintendents, principals, and/or school board members for whom you have taught and who have first-hand knowledge of your character, personality, and teaching abilities.

Name Title Address Phone (home and work)

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

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

Applicant’s Signature Date

Please give all information asked. It is the applicant’s responsibility to send up to date transcripts and a credential file from his/her college or university. Please direct applications, along with a copy of transcripts and credentials to:

Jeff Elliott, Superintendent

Three Forks Schools

212 East Neal

Three Forks, MT 59752

**EDUCATION HISTORY**

List from most recent to least recent

 Dates Date

University/College Location Major Minor Degree Attended Graduated

**TEACHING EXPERIENCE**

List from most recent to least recent

Employer Address Subject Area Dates Full/Part-time

**CERTIFICATION**

Do you hold a valid Montana teaching certificate? Folio Number Level

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Specific Endorsement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

Do you have a right to work in the United States?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you claiming veteran’s preference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT TO FINGERPRINT BACKGROUND CHECK**

TO WHOM IT MAY CONCERN,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am seeking employment or volunteer assignment with Three Forks School District. I hereby expressly 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 Three Forks School District and its agents.

I have \_\_\_have not\_\_\_been convicted of any crime in any jurisdiction besides minor traffic offenses. Attached, if necessary is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check.

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. A fingerprint background check will be at my expense and will be deducted from the initial paycheck unless other arrangements are made with the District Office.

This document is effective until revoked in writing by me.

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

Signature Date

Print Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF MONTANA

 ;ss,

Country of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this day\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_, 201\_\_,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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 above written.

Notary Public, State of Montana

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

My Commission expires\_\_\_\_\_\_\_\_