



**CULBERTSON PUBLIC
SCHOOLS
423 1st Avenue West
PO BOX 459
Culbertson, Montana 59218**



NAME:	SSN:	DATE:
ADDRESS:		
HOME PHONE #:	CELL PHONE#: WORK PHONE #:	

POSITION APPLIED FOR:

Please answer the following questions:

- 1. Do you have the legal right to work in the United States?**
 Yes No
- 2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?**
 Yes No
- 3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?**
 Yes No

If yes, please explain. Include date of discharge or resignation and reason for discharge or resignation:

DO YOU CURRENTLY HOLD A MONTANA TEACHING CERTIFICATE? YES _____ NO _____

EMPLOYMENT RECORD:

List your employment, with your most recent employment first. Describe your employment history, accounting for the last 5 positions held. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information and/or resume.

Do you wish to be notified before we contact your current or previous employers?
 Yes No

EMPLOYMENT RECORD CONTINUED:

Most Recent Employer:	Job Title:
Address:	
Immediate Supervisor:	Telephone #:
Employed From: To:	
Job Duties:	
Reason for Leaving:	Salary:

Past Employer:	Job Title:
Address:	
Immediate Supervisor:	Telephone #:
Employed From: To:	
Job Duties:	
Reason for Leaving:	Salary:

Past Employer:	Job Title:
Address:	
Immediate Supervisor:	Telephone #:
Employed From: To:	
Job Duties:	
Reason for Leaving:	Salary:

Past Employer:	Job Title:
Address:	
Immediate Supervisor:	Telephone #:
Employed From: To:	
Job Duties:	
Reason for Leaving:	Salary:

Past Employer:	Job Title:
Address:	
Immediate Supervisor:	Telephone #:
Employed From: To:	
Job Duties:	
Reason for Leaving:	Salary:

REFERENCES

Please list current information for five references below. Individuals listed should be other than those who have submitted written letters of reference.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone (home and work)</u>
1.			
2.			
3.			
4.			
5.			

EDUCATION HISTORY

Professional Preparation

Highest Degree Earned: _____

List from most recent to least recent attendance

<u>University/College</u>	<u>Location</u>	<u>Subject</u>	<u>Degree</u>	<u>GPA</u>
1.				
2.				
3.				
4.				

Total Number of Years Have You Served As:

A Teacher: _____

A Coach: _____

A Principal: _____

A Superintendent: _____

Other: _____ List Occupation: _____

Do you hold a valid Administrative Certificate? YES NO

Montana _____ Expiration date: _____ Endorsements: _____
 Other State _____ Expiration date: _____ Endorsements: _____

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, TB Test

Any applicant chosen for employment must be able to produce a social security card, driver's license, 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.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test within the past year. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

Authorization to Release Employment Records

If employed by a school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

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.

Applicant Signature

Date

OPTIONAL - AFFIRMATIVE ACTION INFORMATION – OPTIONAL

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: _____ Age: _____
Sex: _____ Ethnic _____
Group: _____

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993
AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This document consists of two pages)

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) _____ for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: DOJ-NCPA/VCA20120611

To claim preference under the Montana Veterans' Employment Preference Act or the Montana Persons with Disabilities Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference.

A Veteran, if

1. You have been separated under honorable conditions,

AND

2. You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

1. You have been separated under honorable conditions from active duty,

AND

2. You have 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 or a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

3. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability.

AND

4. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

In the box below, check the attachment you have included to document the preference request.

- DD-214 PHHS Certification Other _____

SIGNATURE: _____ **DATE:** _____

WAIVER STATEMENT

I understand that consideration for employment at Culbertson Public Schools is contingent upon the results of a reference and background review. I hereby authorize Culbertson Public Schools and its agents to investigate the truthfulness of all information I have provided on my application, resume, and other attachments. I give consent for all contacted persons to provide information concerning my application, and I release each such person from liability for providing information to Sidney public schools and its agents.

APPLICANT SIGNATURE

DATE

ACKNOWLEDGEMENT OF RIGHTS

Pursuant to Montana law, I understand that there are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure thereby allowing the Board of Trustees of a public school to convene in a closed (executive) session.

I understand that once my application material is given to the Board of Trustees, my name may be disclosed to the public upon request. If I am selected as a finalist, my name and other information about my background and qualifications will be disclosed to the public through a press release.

I further understand that the Board of Trustees plans to review / consider my application material and may engage in discussions about me without my physical presence in closed (executive) session. If I choose to waive my right of privacy and request that all discussions / information pertaining to my application for an administrative position be made part of a public record, I must make such a request in writing.

APPLICANT SIGNATURE

DATE

ALL STATEMENTS AND INFORMATION PROVIDED WITHIN THIS APPLICATION AND ITS ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF MATERIAL FACT OR ALTERING THIS APPLICATION FORM MAY RESULT IN REFUSAL OF OR SEPARATION FROM EMPLOYMENT.

APPLICANT SIGNATURE

DATE

APPLICANT NAME: _____

Letter of application _____

Resume _____

Placement file _____

Transcripts _____

Photocopy of Montana Teaching Certificate _____

Letters of Recommendation _____

Photocopy of Current out-of-state Teaching Certificate _____

EXPERIENCE:

Teaching:

Elementary _____ Years

High School _____ Years

Middle School _____ Years

Administrative:

Principal _____ Years

Superintendent _____ Years

EDUCATION:

Masters _____ Years

Specialist _____ Years

Doctorate _____ Years

Please complete and return this application along with a letter of application, resume and a photocopy of your Montana Teaching Certificate. Please have your college placement office send your placement file and transcript(s). Have all materials sent to:

Larry Crowder, Superintendent
Culbertson School
PO Box 459
Culbertson, MT 59218
(406) 787-6241

Application packets will be kept on file until March 31 of each year. If you would like to have your file reactivated for the following year, please notify us before March 31.