

### **Teaching Application Checklist**

- 1) Letter of Interest/Application
- 2) District Application (Upon hiring, background check will be required.)
- 3) Three current letters of recommendation.
- 4) Transcripts (Copies are acceptable. Upon hiring, certified copies will be required.)
- 5) Copy of Montana Certified Teaching License or equivalent credentials.
- 6) Resume

Dear Candidate,

Please use this sheet as a checklist to ensure you have all the necessary documents for a complete application.

You can mail or email your complete application to:

Kara Triplett, Superintendent  
Lambert Public School  
PO Box 260  
Lambert, MT 59243  
ktriplett@lambertschool.net

We look forward to your application. If you have any questions, please do not hesitate to call. 406-774-3333 ext.1103

Regards,

Kara Triplett  
Superintendent

**LAMBERT PUBLIC SCHOOLS**  
**TEACHING/ADMINISTRATION APPLICATION**

NAME: \_\_\_\_\_ DATE AVAILABLE TO WORK: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please answer the following questions:**

1. Do you have the legal right to work in the United States?  Yes  No
2. Do you have a high school diploma or passing score on the GED?  Yes  No
3. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? (Please review job description)  Yes  No
4. 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:

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

5. I hereby certify that (check the applicable line and provide the information requested). *(Please note that answers to this question may not necessarily disqualify an applicant from consideration for employment):*

I have not plead guilty to, nor have I been convicted of any violation of criminal law (minor traffic offenses excepted)

I have plead guilty to or I have been convicted of at least one violation of criminal law, including criminal convictions resulting from a deferred sentence of nolo contendere/no contest (minor traffic offenses excepted).

\*Please give a complete description of and explain all the circumstances surrounding all convictions if you checked the line directly above:

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

**EDUCATIONAL BACKGROUND:**

High School: \_\_\_\_\_ High School Degree: \_\_\_\_ Yes \_\_\_\_ NO Post-

Secondary Education/Training (List most recent first):

Institution	Location	Major/Minor	Undergrad. Degree	Grad. Degree
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently certified to teach in MT? \_\_\_\_ Yes \_\_\_\_ No If so, have you passed the Praxis? \_\_\_\_ Yes \_\_\_\_ No

Do you have a MT Administration Endorsement? \_\_\_\_ Yes \_\_\_\_ No

Folio #: \_\_\_\_\_

Class: \_\_\_\_\_

Level: \_\_\_\_\_

Area (s) of Endorsement: \_\_\_\_\_

Activities you can direct or coach: \_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE (most current first):**

**EMPLOYER:** \_\_\_\_\_ **DATES:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **DATES:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ **DATES:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE:**

NAME & LOCATION OF SCHOOL	COOPERATING TEACHER	SUBJECTS	DATES
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_____	_____	_____	_____
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**HONORS/AWARDS/ORGANIZATIONS: LIST ANY HONORS RECEIVED; ORGANIZATION MEMEBERSHIPS...**

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** GIVE AT LEAST 3 REFERENCES, INCLUDING SUPERVISORS, SUPERINTENDENTS, PRINCIPALS, AND EMPLOYERS WHO YOU HAVE RECENTLY WORKED UNDER AND WHO HAVE 1<sup>ST</sup> HAND KNOWLEDGE OF YOUR QUALIFICATIONS

<u>NAME:</u>	<u>OFFICIAL POSITION:</u>	<u>EMAIL ADDRESS:</u>	<u>PHONE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Lambert Schools is an 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.

**Proof of Employability**

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.

**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.

**Notice and Acknowledgement of Process**

Pursuant to Montana's open meeting laws, application materials will likely be reviewed and considered by the Board of Trustees in open session. There are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure, thereby allowing the chairperson of the Board of Trustees of a public school to convene in close (executive) session should the chairperson make a determination that an individual's right of privacy clearly outweighs the public's right to know. If the chairperson of the Board of Trustees convenes in an executive session to review or consider any information obtained during the hiring process, I acknowledge that the Board may engage in discussion about me without my physical presence.

I understand that once my application materials are 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 through a press release.

**Statement and Signature of Applicant's Certification:**

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's Signature)	(Date)

*All applications must be signed!*

**SUMMARY QUESTIONS:** Please answer in the space provided.

1. Please give your philosophy of education and classroom management.
2. Describe some of your assets that will help you in your specific area of employment.
3. Why do you want this job?

**EMPLOYMENT PREFERENCE FORM**

Name

Position Applied For

Job Title

Position No.

Department Name

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 veterans disability prevents him or her from working.

**The unmarried 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.**

DD-214 showing the character of discharge       Service-connected disability letter

DPHHS Disability Certification       A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

**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: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking administrative employment or volunteer assignment with a Montana School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of children. I hereby expressly and voluntarily give the 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 School District and its agents. I understand that the 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 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 for 180 days or until revoked in writing by me.

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

Print Full Name:

First Middle Last

Print Full Address:

City State Zip

Date of Birth: \_\_\_\_\_ Soc Sec Number: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

: ss.

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 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 \_\_\_\_\_

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

My commission expires \_\_\_\_\_

## APPLICANT RIGHTS AND CONSENT TO FINGERPRINT

As an applicant who is the subject of a National fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification (8) by Lambert Public Schools that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. (9)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes 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. (10)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency 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>.

If you decide to challenge the accuracy of completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [dojitsdpublicrecords@mt.gov](mailto:dojitsdpublicrecords@mt.gov) or 406-444-3625.

*You signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.*

Signed:

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(Name)

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(Date)

8 Written notification includes electronic notification, but excludes oral notification

9 See 28CFR 50.12(b).

10 See 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)



## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 USC 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birthdate. Pursuant to Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, maybe predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NCI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to specific circumstances of the application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

2023-2024 Lambert Salary Schedule

BASE 32767  
 Start Experience At 34217  
 Experience Increment (Step) 725  
 Additional Master's Increment (Step) 350  
 Education Increment (Lane) 625

Experience	BA	BA+10	BA+20	BA+30	MA	MA+10	MA+20
0	32767	33392	34017	34642	35267	35892	36517
1	33492	34117	34742	35367	36342	36967	37592
2	34217	34842	35467	36092	37417	38042	38667
3	34942	35567	36192	36817	38492	39117	39742
4	35667	36292	36917	37542	39567	40192	40817
5	36392	37017	37642	38267	40642	41267	41892
6	37117	37742	38367	38992	41717	42342	42967
7	37842	38467	39092	39717	42792	43417	44042
8	38567	39192	39817	40442	43867	44492	45117
9	39292	39917	40542	41167	44942	45567	46192
10	40017	40642	41267	41892	46017	46642	47267
11	40742	41367	41992	42617	47092	47717	48342
12	41467	42092	42717	43342	48167	48792	49417
13	42192	42817	43442	44067	49242	49867	50492
14	42917	43542	44167	44792	50317	50942	51567
15	43642	44267	44892	45517	51392	52017	52642
16		44992	45617	46242	52467	53092	53717
17		45717	46342	46967	53542	54167	54792
18			47067	47692	54617	55242	55867
19			47792	48417	55692	56317	56942
20				49142	56767	57392	58017
21				49867	57842	58467	59092
22					58917	59542	60167
23					59992	60617	61242
24						61692	62317
25						62767	63392
26							64467
27							65542