

Canyon Creek School District #4

3139 Duck Creek Road
Billings, Montana 59101
Phone 656-4471 Fax 655-1031

CHECKLIST FOR THE APPLICANT REQUIREMENTS FOR CERTIFIED POSITIONS

Please be sure and check the following to make sure you have included everything needed to complete your application packet. Incomplete packets will NOT be considered for any open position.

- _____ 1. Letter of Interest
- _____ 2. Résumé
- _____ 3. District Application (*completed on-line and printed—signed where required*)
- _____ 4. Copy of transcripts
- _____ 5. Placement File or three current letters of reference
- _____ 6. Copy of Teaching Certificate

All components of the application packet must be MAILED (USPS) or delivered to:

Brent Lipp, Superintendent
Canyon Creek School District #4
3139 Duck Creek Road
Billings, MT 59101

E-MAILED DOCUMENTS WILL NOT BE ACCEPTED.

The District website is www.canyoncreekschool.org. Employment documents are located under the “District” tab, “Employment Opportunities,” “Certified Application.”

CANYON CREEK SCHOOL DISTRICT 4

Certified Employee Application

3139 Duck Creek Road

Billings, MT 59101

Phone 406-656-4471; Fax 406-655-1031

AN EQUAL OPPORTUNITY EMPLOYER
Prospective employees will receive consideration without discrimination
because of race, creed, color, sex, age, national origin, or handicap.

Personal Data

Name (last, first, middle) _____ Previous Name _____

Social Security Number _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Message Phone () _____

If employed, can you provide proof of U.S. citizenship? Yes No NA

Are you 18 or over? Yes No

Position(s) applying for _____

Referred by (individual, newspaper, online) _____

Education Record

High School _____ Degrees/diploma _____

Address _____ Dates Attended _____

Begin with most recent school; attach additional sheet if necessary.

1. College/University _____

Address _____ Dates Attended _____

Degrees or Diplomas _____

2. College/University _____

Address _____ Dates Attended _____

Degrees or Diplomas _____

3. College/University _____

Address _____ Dates Attended _____

Degrees or Diplomas _____

Certification

Do you hold a valid Montana Certificate? _____ Folio Number _____

Class of Certificate _____ Level of Certificate _____ Expiration Date _____

Endorsements _____

Military Service

Branch of Service _____

Dates of Service _____

Duties/Special Training _____

Type of Discharge _____

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

Begin with most recent employer; attach additional sheet if needed.

1. Employer _____ Dates of Employment _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Beginning Salary _____ Ending Salary _____

Title/Duties _____

Supervisor's Name _____

Why did you leave? _____

2. Employer _____ Dates of Employment _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Beginning Salary _____ Ending Salary _____

Title/Duties _____

Supervisor's Name _____

Why did you leave? _____

3. Employer _____ Dates of Employment _____

Address _____ City _____ State _____ Zip Code _____

Phone () _____ Beginning Salary _____ Ending Salary _____

Title/Duties _____

Supervisor's Name _____

Why did you leave? _____

Personal Data

Have you pleaded guilty or been convicted or adjudicated of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of no contest (minor traffic offenses excepted)? Yes No

If yes, please explain.

Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

Yes No

Have you been released or discharged from employment or resigned to avoid such release or discharge? Yes No

References

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work Phone ()

Home Phone ()

Address

City

State

Zip Code

Relationship

2. Reference

Work Phone ()

Home Phone ()

Address

City

State

Zip Code

Relationship

3. Reference

Work Phone ()

Home Phone ()

Address

City

State

Zip Code

Relationship

VETERAN'S EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security Number: _____

Position Applied for: _____
Job Title Position No.

Department Name: _____

To claim preference under the **Montana Veterans' 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. Applicants hired by the district will have this information placed in a separate confidential file.

Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any nonpreferred applicant holding substantially equal qualifications.

To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran, if**
1. you have 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 included 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 an established Armed Forces service-connected disability **OR** 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 veteran's disability prevents him/her from working.

The unremarried 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.

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

DD-214

Other:

SIGNATURE: _____ DATE SIGNED: _____

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 1-9 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, 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 result of a TB test within seven (7) days of employment.

Authorization to Release Employment Records

If employed by a participating 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

Participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the business manager, and fully approved by the superintendent/board or designated authorized representative. Further, I have read and understand the above policies of employment.

Signature

Date

Affirmative Action Information

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 of your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the applicable school district office.

Date: _____

Sex: Female Male

Age: _____

Position applied for: _____

Ethnic Group

Check one of the following:

- ALASKA NATIVE - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- AMERICAN INDIAN - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN AMERICAN - A person having origins in any of the original peoples of the Indian Subcontinent, the Pacific Islands, or the Far East: For example, China, Japan, Korea.
- BLACK - (not of Hispanic origin) - A person having origins in any of the black racial groups of Africa.
- FILIPINO - A person having origins in any of the original peoples of the Philippine Islands.
- SPANISH AMERICAN - A person of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin regardless of race.
- WHITE - (not of Hispanic origin) - A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- OTHER - Please specify: _____