

WORK EXPERIENCE (BEGIN WITH THE MOST RECENT)

CURRENT EMPLOYER	SUPERVISOR	DUTIES	FROM MO/YEAR	TO MO/YEAR
NAME				
ADDRESS				
CITY, STATE, ZIP				

FORMER EMPLOYERS (BEGIN WITH MOST RECENT)	SUPERVISOR	DUTIES	FROM MO/YEAR	TO MO/YEAR
NAME				
ADDRESS				
CITY, STATE, ZIP				

NAME				
ADDRESS				
CITY, STATE, ZIP				

NAME				
ADDRESS				
CITY, STATE, ZIP				

REFERENCES (PROVIDE AS REFERENCES PERSONS WHO ARE QUALIFIED TO ATTEST TO YOUR ABILITY & CHARACTER FOR THE POSITION YOU SEEK. DO NOT USE RELATIVES OR PERSONS LISTED ABOVE AS SUPERVISORS.)

NAME/TITLE	NAME OF BUSINESS OR SCHOOL	ADDRESS	TELEPHONE

SKILLS (COMPLETE THIS SECTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.)

A. EQUIPMENT (CHECK THE TYPES OF EQUIPMENT YOU CAN OPERATE, INCLUDING NAMES AND MODELS, IF APPLICABLE.)

- Word Processing_____
- Office machines_____
- Computer_____
- Mechanical Equipment_____
- Food Service Equipment_____
- Custodial Equipment_____
- Maintenance Equipment_____
- Other Equipment_____

B. SPECIAL SKILLS & QUALIFICATIONS (WHAT SPECIAL SKILLS, WORK EXPERIENCE, TRAINING, OR OTHER QUALIFICATIONS DO YOU HAVE WHICH YOU FEEL WILL MAKE YOU SUCCESSFUL IN THE POSITION YOU ARE SEEKING?)

LICENSES, CERTIFICATES, OR REGISTRATIONS

(PLEASE LIST LICENSES, ETC. WHICH ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING.)

LICENSE OR CERTIFICATE TYPE _____

EXPIRATION DATE _____ NAME & ADDRESS OF ISSUING AGENCY _____

MONTANA TEACHING CERTIFICATE _____ IF YES, FOLIO NUMBER _____

CLASS _____ LEVEL _____ ENDORSEMENTS _____

APPLICANT DECLARATION

I affirm that I have read this completed application and have not withheld any information or response to any question and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of fact on my application or during the interview process, regardless of when such misrepresentation or omission is discovered, may result in the refusal of employment, or, if employed, immediate termination from employment.

Signature of Applicant _____ Date _____

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

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.

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: _____