

EMPLOYMENT APPLICATION
CERTIFIED PERSONNEL

SHELBY PUBLIC SCHOOLS

1010 Oilfield Avenue
Shelby, MT 59474
(406) 434 – 2622

Date of application:

For what position are you applying?

How did you learn about this position?

Name:

Last

First

Middle

SSN

Permanent
Address:

Street

City

State

Telephone

Temporary
Address:

Street

City

State

Telephone

Until what date?

Have you ever filed an application with us in the past?

Yes No

If yes, give date:

Have you been employed with us before?

Yes No

If yes, give dates: to

May we contact your present employer?

Yes No

What date would you be available for work?

Are you currently certified in Montana?

Yes No

If yes: Folio Number

Class:

Level:

Expires:

Endorsements:

Are you certified in another state?

Yes No

If yes, list state(s):

List, in order of preference, the grade levels you prefer to teach: (choose from pull-down menu)

1. _____

2. _____

3. _____

4. _____

If your preference is in grades 7 – 12, list subjects: (choose from pull-down menu)

1. _____

2. _____

3. _____

If you have training in a Special Service area, please indicate: (choose from pull-down menu)

What extra-curricular activities are qualified for, and would accept as an assignment?

Speech

Drama

Basketball

Football

Track

Wrestling

Volleyball

Golf

Cross Country

Other:

EDUCATIONList all colleges and universities attended. *DO NOT list "See attached resume"*

Institution	Major	Minor	Degree	Dates Attended

Number of semester hours in: Major Minor GPA

STUDENT TEACHING/INTERNSHIP

School	Location	Cooperating Teacher	Subjects	Dates

College Supervisor's Name: Institution:

EXPERIENCEProvide a complete history of teaching experience. List most recent employment first. Attach additional sheet if necessary. *DO NOT list "See attached resume"*

Employer	Address	Years?	Grades/Subjects	Supervisor's Name

REFERENCES*DO NOT list "See attached resume"*

Name, Title	Current Mailing Address	Telephone Number	Relationship

If you are considered for this position we will contact you to arrange a personal interview.
 When would it be most convenient for you to attend an interview?

ATTENTION APPLICANTS SEEKING EMPLOYMENT WITH SHELBY PUBLIC SCHOOLS

Complete and accurate answers to these questions (and written responses if applicable) must accompany your employment application. **If you answer "Yes" to either question below you must attach a written explanation.** Answering "Yes" does not necessarily exclude you from being considered for employment.

1. Have you ever been convicted of any offense other than a minor traffic offense? No Yes

2. Have you ever been convicted of any illegal act that may have a bearing on the position for which you are applying? No Yes

Applicant Signature: _____

Date: _____

IMPORTANT

PLEASE READ CAREFULLY AND SIGN BELOW BEFORE SUBMITTING THIS APPLICATION

I VERIFY THAT THE STATEMENTS IN THIS APPLICATION AND ANY ATTACHMENTS ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE. I authorize investigation of all statements contained in this Employment Application as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____

Date: _____

ELECTRONIC SUBMISSION OF THIS APPLICATION

This application may be submitted electronically. If you submit this application electronically, you understand that checking **YES** below constitutes an electronic signature for this application form and that by so doing you are verifying the statements in the above two boxes in the same manner as if the application was signed in ink. Furthermore you understand that the CONSENT TO DO FINGERPRINT CHECK form on page 4 must be completed and mailed to the address listed on the first page of this application.

YES, I am electronically signing this application.

NO, I am not.

Shelby Public Schools does not discriminate on the basis of gender, race, or creed in the educational programs or activities it operates and it is required by Title IX not to discriminate in such a manner.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

NOTICE OF VETERAN'S PUBLIC EMPLOYMENT PREFERENCE IS PROVIDED FOR IN 39-29-102

CONSENT TO FINGERPRINT BACKGROUND CHECK

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer assignment with the Shelby 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 Shelby School District and its agents.

I have _____ have not _____ been convicted or adjudicated of any crime in any jurisdiction besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crimes(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 declined prior to completion of the fingerprint background check.

I hereby release the Shelby 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 the District's expense.

This document is effective until revoked in writing by me.

SIGNATURE DATE

Print Full Name: _____

Print Full Address: _____

City State Zip

Birth Date: _____ Social Security Number: _____ - _____ - _____

STATE OF _____ : ss.
County of _____

On this _____ day of _____, 200 __, 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 _____ 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 first above written.

Notary Public, State of _____
County of _____
My commission expires _____