

COLSTRIP PUBLIC SCHOOLS APPLICATION



Colstrip School District #19
P.O. Box 159
Colstrip, MT 59323
(406) 748-4699

School District #19 is an Equal Opportunity Employer

Name: _____
Last First MI

Mailing Address _____
Street & P.O. Box City
State Zip Code

Telephone #: _____ Cell #: _____

E-mail Address: _____

For which position are you applying: (Check all that apply)

Administrator

- Principal
- Superintendent
- Other _____

Substitute

- Classroom
- Custodial
- Food Service

Certified

- Teacher

Activities

- Coach/Sponsor

Classified

- Accounts Payable
- Bus Driver
- Bus Monitor
- Custodial
- District Clerk
- Food Service
- Maintenance
- Paraprofessional
- Payroll
- Secretary
- Other _____

Other

- Summer Employment
 - Custodial
 - Grounds

ASSURANCES

Since you are applying for a position that involves working with children or handling of money or property, please complete the following section:

If you answer YES to any of the 4 questions below, please attach a letter of explanation with crime, place and date.

- YES NO** 1. Have you within the past seven years been released from prison or been convicted of any offense that involved any form of violence such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involved drugs? Have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, theft or robbery?
- YES NO** 2. Have you ever had a certificate or license suspended or revoked?
- YES NO** 3. Are any criminal charges or proceedings pending against you?
- YES NO** 4. Have you ever been involuntarily terminated from any job or asked to resign from any job for reasons relating to your behavior or job performance?
-

YES NO Are you legally authorized to work in the United States of America?

YES NO Are you currently employed or under contract?

If so, where? _____

Contact person and telephone number _____

When can you begin work? _____

Please list areas in which you have experience or ability to assist in extracurricular programs. This may include music, speech, drama, publications, or athletics.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Employment History (within past 5 years)

Employer Name, Address, Supervisor	Work performed/position held	Dates of Employment

ADDITIONAL REFERENCES

List additional references who are qualified to attest to your fitness for the position you seek. Include persons for whom you have taught or worked and those who know your ability and character. **DO NOT SAY REFER TO MY CREDENTIALS**

<i>Name and Title of Reference</i>	<i>Name of School/Business</i>	<i>Current Address and Telephone Number</i>

CERTIFICATION (If Applicable)

Type Teacher Folio Number: _____
 Administrator
 Skilled; License : _____

Level of Certificate _____ Expiration Date _____ State of
 Certificate _____

If you do not hold a Montana Certificate, proof of application or certificate will be required for employment. Write to the Director of Certification, Office of Public Instruction, P.O. Box 202501, Helena, MT 59620-2501, regarding your eligibility for a Montana Certificate. Furnish information to this office regarding certification as soon as you receive it from the Office of Public Instruction.

ADDITIONAL INFORMATION NEEDED

All applications must be accompanied by a letter of introduction, a resume, three letters of reference within the past three years, transcripts (copies are acceptable with application) and copies of current certification/licensure. Certified Applicants will be required to submit responses to questions asked on the "Supplemental Response Form"

Applications will not be considered eligible for consideration unless all requested information is on file. It is your responsibility to request that your college or university provide us an **official transcript and placement file upon hiring.** Further, all information on the application should be completed accurately.

Any finalist recommended for hire to a full or part-time position contracted by the District involving regular unsupervised access to students in schools, shall be required to submit to a pre-employment drug test and to a name-based and fingerprint criminal background investigation as a condition of an offer of employment with the District. Refusal by the applicant to submit shall constitute an automatic withdrawal of any further consideration of that applicant for employment by the District. The District will pay costs associated with drug testing, fingerprinting, and/or background investigations.

All new personnel **MUST** present documentation for the results of a pulmonary tuberculosis (TB) test done within the last year prior to initial employment, along with the name of the tester and date and type of test administered.

Paraprofessional Applicants: Applicants for a paraprofessional (teacher aide) are required to have either an associate's (two-year) degree or have completed two years of college coursework, which must be equal to 60 semester credits.

Classified Applicants: I understand that I will be required to have a physical at district expense if I am selected for this position and that a contract would be issued only after physician verification that I could fulfill the physical responsibilities of the job.

I hereby authorize Colstrip School District #19 to inquire as to my record with any or all of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature of Applicant

Date

TO THE APPLICANT: Applications are accepted for current openings only. Incomplete application packets will not be considered.

Return completed application to:
Personnel Office
Colstrip School District #19
PO Box 159
Colstrip, MT 59323
Fax: 406 748-2268

**COLSTRIP SCHOOL DISTRICT #19 IS AN
EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER**

State Law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment.

This statement will be used for statistical purposes only and 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 and state employment enforcement officers. Providing this information is strictly on a voluntary basis.

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

ETHNIC GROUP

Please check the correct group:

- 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 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 Africa, or the Middle East.
- OTHER - (Specify) - _____

Sex: Female Male

Age:

Revised 6/03

CONSENT TO A PRE-EMPLOYMENT DRUG SCREENING TEST

Colstrip Schools considers the safety of the students entrusted to our care to be our top priority.

In order to maintain a safe environment for students and to assist the District in protecting the health, safety and well-being of students, the District will require that as a condition of an offer of employment, all finalists for employment submit to a pre-employment drug test.

I agree to take a drug test as part of the regular pre-employment screening conducted by CPS and understand that a favorable test result does not necessarily guarantee that CPS will employ me. I fully understand and agree that the presence of alcohol or non-prescription drugs in measurable quantities at the time of testing will disqualify me from employment with CPS at this time.

If I am accepted for employment, I agree to the requirements for testing in accordance with CPS's Drug-Free/Alcohol Free Workplace, and I understand that the taking of said test is a condition of my continued employment.

At this time, I hereby consent to a drug test.

Signature _____

Name Printed _____

Date _____

Witness _____

PROCEDURE:

- Sign this form and return it to the Superintendent's office. The superintendent's secretary will make arrangements for a pre-employment drug screen at the Colstrip Medical Center for all job finalists.
- Bring a photo ID when you report for the test.**

The District will pay costs associated with drug testing, fingerprinting, and/or background investigations.

EMPLOYMENT PREFERENCE FORM

Name:
Position Applied For
Job Title

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 veteran's disability prevents him or her from working.
- The un-remarried 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 _____ of discharge
 - DPHHS Disability Ce _____
 - Service-con _____
 - A document _____
 - disabil _____
 - by the _____
 - the Adjutant General of _____
- the Montana National Guard certifying service

SIGNATURE (typed or written):

DATE SIGNED