

C. Please answer the following questions:

1. Do you have the legal right to work in the United States? Yes / No
2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? _____
3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? _____

If yes, explain; include the date of discharge or resignation and the reason for discharge or resignation:

4. Complete the following items **only** if you are applying for a position in the District which requires driving:

- a. Do you have an up-to-date CDL? Yes / No
If yes, list number, issuing state & expiration date _____
- | | | | |
|--|--------|---------------|-----------------|
| | Number | Issuing State | Expiration Date |
|--|--------|---------------|-----------------|
- b. List all motor vehicle accidents in the past three years: _____
 - c. List all violations of motor vehicle laws or ordinances (other than parking) in the past three years: _____
 - d. List all denials, revocation or suspension of any license, permit or privilege to operate a motor vehicle: _____

ADDITIONAL PERTINENT INFORMATION, QUALIFICATIONS, CERTIFICATES, REFERENCES

Do you hold a valid Montana Teaching Certificate? (Yes/No) _____ (If you hold a valid Montana Teaching Certificate, make sure you attach a copy of the Certificate.)

Please list complete current information for at least three references below.

	Name	Title	Address	Phone #s (Home and Work)
1				
2				
3				

EDUCATION HISTORY:

List from most recent to least recent attendance

	University or College	Location	Subject	Degree	GPA
1					
2					
3					

Quarter Credits completed beyond: B.A. Degree _____ M.A. Degree _____

EMPLOYMENT RECORD

Using the space below and starting with your present or most recent employer. Describe your employment history, accounting for all time during at least the last 15 years. You may include volunteer and paid experience. **You may substitute a resume if all of the information requested below is included. You also may attach additional information. Do you wish to be notified before we contact your current or previous employers? Yes / No**

Employer: _____ Your Job Title: _____
Address: _____
Immediate supervisor and title: _____
Telephone: _____ Employment dates: From _____ To _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Reason(s) for Leaving: _____
Salary: _____

Employer: _____ Your Job Title: _____
Address: _____
Immediate supervisor and title: _____
Telephone: _____ Employment dates: From _____ To _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Reason(s) for Leaving: _____
Salary: _____

Employer: _____ Your Job Title: _____
Address: _____
Immediate supervisor and title: _____
Telephone: _____ Employment dates: From _____ To _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Reason(s) for Leaving: _____
Salary: _____

Employer: _____ Your Job Title: _____
Address: _____
Immediate supervisor and title: _____
Telephone: _____ Employment dates: From _____ To _____
Job Duties (brief statement - be sure to list all duties related to this position): _____

Reason(s) for Leaving: _____
Salary: _____

EQUAL OPPORTUNITY EMPLOYER

Frenchtown School District #40 prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender 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, 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 I-9 of the Department of Homeland Security.

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, the results 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 results of a tuberculin (TB) test within thirty (30) days of employment. If the District does not receive documentation of a negative TB test within this time frame, we can not continue to employ you.

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

Each of the 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 employment or benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the District Administration, satisfactory completion of a fingerprint background check (This may take as long as 3-4 weeks after submittal of the fingerprints to the Administration Office.), and fully approved by the Board. I understand that no contract for employment shall be issued until all of the above items are completed. Further, I have read and understand the above policies of employment.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

Applicant Signature

Date

Frenchtown School District requires background checks and finger printing for all new employees. The information below must be completed and attached to the application. This form MUST be signed in front of a notary public.

(REQUIRED)
5122F2

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment and/or approval to be selected as an on-call substitute with _____ School District #__ (the 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 ' 44-5-103(3), MCA, to the staff of the 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 crime(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 denied prior to the completion of the fingerprint background check.

* *Adjudication B A passing of judgment of a court of law or decision of a judge.*

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages 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 until revoked in writing by me.

SIGNATURE DATE

Print full name: _____

Print full address: _____

CITY STATE ZIP

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)
: ss.
County of _____)

On this _____ day of _____, 201__, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the 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.

(S E A L)

[name]
NOTARY PUBLIC for the State of Montana
Residing at _____, Montana
My commission expires: _____

SUPPLEMENTAL INFORMATION FORM
FOR
AFFIRMATIVE ACTION INFORMATION

NAME OF APPLICANT (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 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.

Date: _____
Sex: _____
Age: _____
Position applied for: _____

Ethnic Group: _____Asian _____Black _____Hispanic
 _____American Indian _____Other _____Unknown _____White

(This information will be placed on file for reporting purposes to the Federal Government only. None of the information will be used in the selection process.):

AVAILABILITY FORM

REQUIRED FOR SUBSTITUTE TEACHER APPLICANTS ONLY

1. A list of the subjects that you are certified and endorsed to teach:

2. If not certified, please indicate your educational major and minor areas:

3. Your availability (Are you available Monday thru Friday full-time?)

4. The grades you are willing to substitute(example: K-3, 4-6, 7-8, 9-12 or all)

5. If you will only substitute in certain areas, please identify:

**FRENCHTOWN SCHOOL DISTRICT
SUBSTITUTE TEACHER
JOB DESCRIPTION**

ESSENTIAL FUNCTIONS:

1. Instructs classes in the absence of the regular teacher.
2. Assumes all other duties and responsibilities for a teacher during the time the teacher is absent.
3. Prepares lesson plans if instructed to do so by the building principal.
4. Maintains order in the classroom.
5. Maintains records, including but not limited to recording student grades, student assignments, projects, and other clerical work as instructed by the absent teacher.
6. Supervises students and aides.
7. *Only minimum duties are listed. Other functions may be required as given or assigned.*

DESIRED MINIMUM QUALIFICATIONS:

1. Valid Montana Teaching Certificate with proper endorsement or eligibility for certification.
2. Ability to follow both oral and written directions and instructions.
3. Ability to effectively present information and respond to questions from students, parents, staff.
4. Ability to handle stressful situations.
5. Ability to maintain confidentiality of student matters.
6. Ability to effectively manage time and responsibilities.

EQUIPMENT USED: Computer, calculator, copier, fax machine, telephone/voice mail.

REPORTS TO: Building Principal

WORK ENVIRONMENT: While performing the duties of this job, the employee regularly works inside. The employee is directly responsible for the safety, well-being, and work output of students. The noise level in the work environment is usually moderate, depending on the nature of the assigned course.

PHYSICAL DEMANDS: While performing the duties of this job, the employee is frequently required to sit; occasionally walk and stand. Specific vision abilities required by this job include close vision, distance vision, depth perception, and the ability to adjust focus. The employee is required to be able to hear conversations in quiet environments.

MENTAL/MOTOR DEMANDS: While performing the duties of this job, the employee rarely performs routine work. The employee frequently exercises flexibility (ability to shift from one task to another). Guidance and reinforcement are infrequently available. The employee frequently works within time constraints and maintains attentiveness intensity. The employee is frequently involved in social interactions which require oral and written communications.

IMMEDIATE SUPERVISOR: Building Principal. In addition, a substitute teacher, as are all district employees, is under the general supervision of the District Superintendent.

BENEFITS: None. This is a call when needed position. There is no guarantee of hours or monetary enumeration.

The physical demands, work-environment characteristics, and mental/motor demands described within this job description are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.