### **BELFRY PUBLIC SCHOOLS DIST. #3 200 WISCONSIN BELFRY MONTANA 59008** 1-406-664-3319 FAX 1-406-664-3274

DISTRICT USE ONLY

Resume Letters of recommendation/ Placement File □Transcripts Certificate Letter for Specific Position

## **TEACHER/SUBSTITUTE TEACHER APPLICATION FORM**

NAME:				
	Last	First	Middle	
ADDRESS	: Street	City	State Zip C	, odo
PHONE /S/		City		
SOCIAL SI				
<mark>Do You Hol</mark>	d a Valid Montana Certifi	<mark>cate?:</mark> Folio#	lassLevel	
		or Secondary?		
		SMinor Are	a of Preparation/endorsen	nents
	ently under contract? Yes			
SUBMITTE THE APPL 1. <u>Belfry a</u>	D BY THE POSTED VACA CATION POOL.	DNSIDERED FOR EMPLOYMENT, TH ANCY DEADLINE. INCOMPLETE AP perly completed and signed on the back ity credits must be furnished. The transc	PLICATIONS <u>WILL NOT</u> side.	BE CONSIDERED IN
personr degree i	nel file, (official transcripts r s required. Transcripts mus	equired upon hire). Certification is not r t show that the applicant has received a tters of recommendation (minimum of 3).	equired for <u>substitute_teac</u> degree.	
4. Montana teaching	<u>certification / license</u> ~ At certification <u>or</u> a STATEME	the time of application for a specific vac NT regarding your Montana certification ficate and register it with the County Su	ancy, provide a copy of a eligibility. If hired you mu	
5. A letter	of application, is required f	or <u>each</u> position for which an applicant is or during the time the position is posted	requesting consideration	
applicati	ons already on file must su	bmit a letter of application <u>each</u> time a v		
		te below) s the candidate's academic preparation,	experience, and other qual	lifications
which sp	pecifically relate to the curre	ent District vacancy.		
- BACKG	ROUND CHECKS WILL	BE CONDUCTED ON ALL NEW E	MPLOYEES and on A	
*NOTE: Whe	on the Belfry District open	s application pools, all applications rece	ived during the dates the	nools are open will be
		<u>complete</u> District applications on file <u>m</u>		
		Applicants are encourage to update the		
resumes, etc	c. Belfry keeps all complet	ed applications on file for two years.	SUBSTITUTE TEACHER	DISTRICT USE ONLY
			W-4 Form	
		acted to schedule interviews.	I-9 Form	
		ted by candidates become the property	TRS Form	
	elfry Public Schools Distrie		1st/31st day Election (TRS	
-		als are not available to the applicant	ID Test Results	
	ture date. Is on file in another appli	eation cannot transforred to your	Blood Borne/Sexual Haras	ssment Sign Off
	her application file.	ile in another application <u>cannot transferred</u> to your opplication file	Blood Borne Video viewed	
isat			Background Check_	
	AN EQUAL OPPORT		Certified: Yes No	
	AN LOUAL OFFORI		Interview:	□

Administrator: Please initital & date when reviewed: Initial \_\_\_\_\_Date: \_\_\_\_\_Initial \_\_\_\_\_ \_Date:\_\_\_ Date:\_\_\_\_Initial\_\_\_\_

## EDUCATION AND PREPARATION

List in Reverse Order of Atte COLLEGE / UNIVERSITY	LOCATION	MAJOF	R	DEGR	EE YEAR
Major/s/:					
Minor/s/:					
	TEACHI	NG HIST	ORY		
L			s of Servic	:e	
ame and Location	Subject / Grade /s/ Taugh				one Number of Supervis
				()	
				()	
				()	
				()	
				()	
otal Number of Contracte	d Teaching Years:				
Vas any of the above teacl	ning experience less th	an full time	?		
Special Education ~ Please	specify areas of exper	rtise:			
	STUDEN		NG		
	Beginning SUBJECT AND GRAD TAUGHT	g teachers only DE FF	ROM TO		ND PHONE # OF PERVISOR
	Substitute Tea	ching Ex	perienco	9	
le	dentify any Long-Terr	n Substitu	te Experi	ence	
school and Location					

School and Location	SUBJECT AND GRADE TAUGHT	FROM TO	NAME AND PHONE # OF SUPERVISOR

## PERSONAL DATA

Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? Yes\_\_\_\_\_ No\_\_\_\_ If NO please explain:

People of disability may request reasonable accommodation in the hiring process by contacting the personnel office: 200 Wisconsin Street, Belfry, MT 59008 (406) 664-3319.

Since you are applying for a position that involves working with children, please complete the following section: Have you served any portion of a criminal sentence or been convicted of any offense that involves any form of violence such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs? Yes\_\_\_\_\_ No\_\_\_\_ If YES, explain the nature of the crime, place, and date of correction or sentence: (attach additional sheet if necessary)

Conviction will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.

Have you served any portion of a criminal sentence or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion? Yes\_\_\_\_\_ No\_\_\_\_\_ If YES, explain the nature of the crime, place, and date of correction or sentence. *(attach additional sheet if necessary)* 

#### ADDITIONAL PERTINENT INFORMATION / SPECIAL QUALIFICATIONS/LICENSES/CERTIFICATES Include Computer Skills

REFERENCES

Name

Phone (Home & Work)

Address

**Pursuant to Administrative Rule of Montana (ARM) 16.28.1005,** each District employee must provide verification that the employee has had a tuberculin (TB) test. 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 of the Belfry Public School District No. 3 Personnel Office to require verification of a TB test from any candidate chosen for employment by Belfry Public School District No. 3 and to require submitted documentation of the results of a tuberculin test within seven (7) days of employment.

I authorize and request any and all of my former employers and any other person to furnish to the District, or any agent acting on its behalf, any information they may have concerning my former employers, a history of my employment by them and the reasons for the termination thereof. Moreover, I hereby release each such employer and each such other person from any and all liability of whatsoever nature by reason of furnishing such information to the District or any agent acting on its behalf.

I agree that employment by the Belfry Public School District No. 3 shall be an employment at will, and shall be in all respects subject to the rules, regulations and policies regarding employees of Belfry Public School District No. 3, as such rules, regulations and policies may from time to time be amended. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and Belfry Public School District No. 3 and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

Additionally, I authorize Belfry Public School District No. 3 to supply my employment record at its sole discretion, in whole or part, to any prospective employer, government agency, or other party, with an interest Belfry Public School District No. 3 deems appropriate.

All foregoing statements are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

### Signature :

Date:

Belfry Public School District No. 3 has **DRUG FREE AND TOBACCO FREE POLICIES** enforced in all District buildings.

Belfry Public School District No. 3 is an equal opportunity school district which complies with federal rules and regulations, and does not discriminate on the basis of race, color, age, creed, national origin, religious preference, sex, marital status, or presence of any physical or mental disability, except insofar as such factors are valid occupational qualifications. Federal law obligates Belfry Public School District No. 3 to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process. Accommodations are available to the physically challenged for the application process.

EMPLOYMENT PREFERENCE FORM				
Name Social Security Number				
Position Applied For (job title)				
To claim preference under the <b>Montana Veterans' Employment Preference Act</b> or the <b>Montana Persons</b> <b>with Disabilities Employment Preference Act</b> , 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 state will have this information placed in a separate confidential file.				
1. 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. To claim <b>Veterans' Employment Preference</b> you must be a U.S. Citizen and (check one of the boxes below):				
<ul> <li>A Veteran, if</li> <li>1. You have been separated under honorable conditions,</li> <li>AND</li> </ul>				
<ol> <li>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 including 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.</li> </ol>				
A Disabled Veteran, if				
<ol> <li>You have been separated under honorable conditions from active duty, AND</li> </ol>				
<ol> <li>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.</li> </ol>				
☐ The spouse of a disabled veteran if the veteran's disability prevents him/her from working.				
$\square$ The un-remarried surviving spouse of a veteran or disabled veteran.				
<ul> <li>The mother of a veteran, if</li> <li>1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability,</li> </ul>				
AND 2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the un-remarried widow of the father of the veteran.				
<ul> <li>2. To claim Montana Persons with Disabilities Employment Preference you must be (check one of the boxes below):</li> <li>A person with a disability certified by PHHS, OR</li> <li>The spouse of a totally (100%) disabled person certified by PHHS. AND</li> </ul>				
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 the preference request.				
DD-214 DHHS Certification Other				
SIGNATURE: DATE SIGNED:				

# **Ethnic Origin Form**

Belfry Public School District #3 200 Wisconsin Street Belfry, MT 59008

Montana State law requires that employers keep records on the race and gender 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 Human Resource Office and federal and state employment officials.

Name:	
Please complete: Age:	
	ed For:
Please select: 🔲 Male 🔲 Femal	e Age:
Check One	Ethnic Group
	having origins in any of the original peoples of the North ultural identification through tribal affiliation or community
	on having origins in any of the original peoples of North ultural identification through tribal affiliation or community
	on having origins in any of the original peoples of the Indian ds, or the Far East: for example, China, Japan, Korea.
BLACK – (not of Hispanic orig groups of Africa.	gin) – A person having origins in any of the Black racial
FILIPINO – A person having c	origins in any of the original peoples of the Phillipine Islands.
	rson of Mexican, Puerto Rican, Cuban, Central or South Ilture or origin, regardless of race.
<b>WHITE</b> – (not of Hispanic orig Europe, North America, or the	in) – A person having origins in any of the original peoples of Middle East.
OTHER (please specify)	