

EDUCATION AND PREPARATION

List in Reverse Order of Attendance (from current to past)

COLLEGE / UNIVERSITY LOCATION MAJOR DEGREE YEAR

Major/s/:

Minor/s/:

TEACHING HISTORY

Dates of Service

Name and Location Subject / Grade /s/ Taught From To # full yrs Name & Telephone Number of Supervisor

						()
						()
						()
						()
						()

Total Number of Contracted Teaching Years:

Was any of the above teaching experience less than full time?

Special Education ~ Please specify areas of expertise:

STUDENT TEACHING

Beginning teachers only

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

--	--	--	--	--

Substitute Teaching Experience

Identify any Long-Term Substitute Experience

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

--	--	--	--	--

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 is terminable-at-will so that both 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 **Montana Veterans' Employment Preference Act** or the **Montana Persons with Disabilities 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 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 **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran**, if
 1. You have been 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 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.

- 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 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/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 un-remarried 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 PHHS, OR
- The spouse** of a totally (100%) disabled person certified by PHHS.
AND

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 PHHS 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: _____ **Position Applied For:** _____

Please select: Male Female **Age:** _____

Check One

Ethnic Group

	ALASKA NATIVE - A person having origins in any of the original peoples of the 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 Phillipine 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 America, or the Middle East.
	OTHER (please specify) _____