



Polson School District #23

111 4TH Avenue E., Polson, MT 59860 – 406-883-6355 – Fax: 406-883-6345 www.polson.k12.mt.us

TEACHER APPLICATION FORM

Name: _____
Last First Middle

Address: _____
Street or P.O. Box Number City State Zip Code

Phone & or Cell #: _____ Social Security # _____

Do You Hold a Valid Montana Certificate? _____ SEID # _____ Class _____ Level _____

Is your certification Elementary _____ or Secondary _____

Major Area of College Preparation/Certification Endorsements _____

Minor Area of College Preparation/Certification Endorsements _____

Are you currently under contract? Yes _____ No _____ with whom? _____

ONLY FINALIST CANDIDATES WILL BE CONTACTED TO SCHEDULE INTERVIEWS

***BEFORE A CANDIDATE CAN BE CONSIDERED FOR EMPLOYMENT, THE FOLLOWING MATERIALS MUST BE SUBMITTED BY THE POSTED VACANCY DEADLINE. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED IN THE APPLICATION POOL.**

*P.S.D. application form must be properly completed and signed on the fourth page.

*Letter of Interest

*Resume

*Three Letters of Recommendation **OR** College Placement File

*Application Essay

*Equal Opportunity Employer Compliance Sheet

*Veteran's Preference Form (if applicable)

*Copies of Transcripts of all college or university credits must be furnished. The transcript will become a part of the applicant's personnel file, (official transcripts required upon hire). Transcripts must show that the applicant has received a degree.

*Montana certification/license—at the time of application for a specific vacancy; provide a copy of valid Montana teaching certification or a STATEMENT regarding your Montana certification eligibility. If hired you must obtain a valid and appropriate Montana Teaching Certificate and register it with the County Superintendent of Schools within 60 days.

***FINGERPRINT BASED CRIMINAL BACKGROUND CHECKS WILL BE CONDUCTED ON ALL NEW EMPLOYEES IF PRINTS ARE OLDER THAN TWO YEARS, FROM A STATE OTHER THAN MONTANA, OR NOT ON FILE WITH THE MONTANA OFFICE OF PUBLIC INSTRUCTION**

All application materials submitted by candidates become the Property of Polson School District #23. Items on file in another application cannot be transferred to your teacher application.

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION AND PREPARATION: List in Reverse Order of Attendance:

COLLEGE/UNIVERSITY LOCATION MAJOR DEGREE YEAR

TEACHING EXPERIENCE

Name and Location Subject/Grade(s) Taught Dates of Service Number of Name & Telephone
From To Full Years Number of Supervisor

Total Number of Contracted Teaching Years: _____ was any of the teaching experience less than full time?
Yes ___ No ___ Special Ed.—please specify areas of expertise:

STUDENT TEACHING: To be completed by applicants with less than (3) years full time teaching experience.

School and Location Subject and Grade(s) Taught From To Name and Phone Number of Supervisor

SUBSTITUTE TEACHING EXPERIENCE: Identify any Long-Term Substitute Experience

School and Location Subject and Grade(s) Taught From To Name and Phone Number of Supervisor

(Please complete the following essay question in no more than one page using 12 point font):

How have you provided a relationship with students that allows for academic rigor at all levels of student ability and promotes student learning.

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 Human Resource Office: 111 4th Ave. E. Polson, MT 59860 406-883-6355

Have you ever been convicted or adjudicated (a court issued order, judgment or decree) of any offense beside a minor traffic offense? Yes ____ No ____

If YES, explain the nature of the crime, place, and date of correction or sentence:

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

ADDITIONAL PERTINENT INFORMATION, SPECIAL SKILLS, QUALIFICATIONS, LICENSES, CERTIFICATES: Include Computer Skills and Extracurricular Experience

REFERENCES: References must be current, not older than (3) three years and a minimum of (3) three separate references

<u>Name</u>	<u>Address</u>	<u>Phone Numbers: (Home, Cell & Work)</u>
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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. Documentation of the results of a tuberculin test must be received within seven (7) days of employment. Call 883-7288 to schedule an appointment.

FINGERPRINTS AND CRIMINAL BACKGROUND INVESTIGATIONS

Board policy requires that any finalist recommended to be employed in a paid or volunteer position with the District, involving regular unsupervised access to students in schools, as determined by the Superintendent shall submit to a Montana named-based and fingerprint criminal background investigation conducted by the appropriate law enforcement agency before consideration of the recommendation for employment or appointment by the Board. No individual will be permitted to have regular unsupervised access to students in schools until completion of a criminal background investigation and receipt of approval by the administration.

Any requirement of an applicant to submit to a fingerprint background check will be in compliance with the Volunteers for Children Act of 1998 and applicable federal regulations. If an applicant has any prior record of arrest or conviction by any local, state, or federal law enforcement agency for an offense other than a minor traffic violation, the facts must be reviewed by the Superintendent, who will decide whether the applicant will be declared eligible for appointment or employment in a manner consistent with the expectations and standards set by the board. Arrests resolved without conviction will not be considered in the hiring process, unless the charges are pending.

I authorize and request any and all of my former employers and any other reference 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 whatever nature by reason of furnishing such information to the District or any agent acting on its behalf. This information will be kept confidential and will not be released to any entity, including the applicant.

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: _____

Polson School District #23 has **DRUG FREE AND TOBACCO FREE POLICIES** enforced at all District facilities.

Polson School District #23 is an equal opportunity employer 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 Polson School District #23 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.

Applications may be mailed to:

Polson School District
Human Resource Dept.
111 4th Ave. E.
Polson, MT 59860

History:

Revised 1/22/14



Equal Employment Opportunity Compliance Form

State law requires that employers keep records on the race, gender and age of applicants and employees to facilitate the enforcement of equal employment opportunity laws.

This form will be filed separately from all of your other applicant or employment records. As required by state law, it will only be available to the Polson School District Human Resource Office and federal and state employment officials.

Date: _____ Gender: _____ Age: _____

Position Applied For: _____

Ethnicity (Check one of the following)

Asian American

American Indian/Alaska Native

Black or African American

Hispanic or Latino

Native Hawaiian or Pacific Islander

White Non-Hispanic

Other: _____



Polson School District #23

Veteran's Employment Preference Form

Name: _____

Position Applied For: _____

To claim preference under the **Montana Veteran's Employment Preference Act** complete this form. 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 district will have this information placed in a separate confidential file.

Veteran's Employment Preference provides the addition of 5% (veteran) points or 10% (disabled veteran) points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any nonpreferred applicant holding substantially equal qualifications.

To claim **Veteran's Employment Preference** you must be a U.S. Citizen and (check one of the areas below):

A Veteran, if

- You have been separate under honorable conditions from active duty.
AND
- 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

- You have been separate under honorable conditions from active duty.
AND
- You have 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 her/him from working.

The un-remarried surviving spouse of a veteran or disabled veteran

The mother of a veteran, if

- The veteran died under honorable conditions while serving in the Armed Forces **OR** the veteran has a service connected, permanent and total disability.
AND
- Your spouse is totally and permanently disabled or you are the un-remarried widow of the father of the veteran.

Check the attachment you have included to document the preference request.

DDForm 214

Other: _____

Signature: _____ Date: _____