



# Polson School District #23

111 4<sup>TH</sup> Avenue E., Polson, MT 59860

406-883-6355 – Fax: 406-883-6345

[www.polson.k12.mt.us](http://www.polson.k12.mt.us)

## CLASSIFIED APPLICATION

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street or P.O. Box Number City State Zip Code

CELL/LAND LINE: \_\_\_\_\_ S.S.NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### **\*BEFORE A CANDIDATE CAN BE CONSIDERED FOR EMPLOYMENT, THE FOLLOWING MATERIALS MUST BE SUBMITTED BY THE POSTED VACANCY DEADLINE:**

- P.S.D. Classified Support and Substitute Application form must be properly completed and signed.
- Current Resume: (Employment History)
- Letter of Application: The letter of application must state the specific position for which the candidate is requesting consideration. A letter of application is required for each position for which a candidate is applying.
- Transcripts: of all college or university credits must be furnished for the following position only: Para Professionals
- Testing: Applicants must read the job vacancy announcement and submit to any testing required. The Wonderlic Basic Skills test is given if an applicant does not have an associate degree and is applying for a Para Professional position.
- Veteran's Preference Form (if applicable)
- Equal Employment Opportunity Compliance Form
- Licenses (when required)
- Letter of Recommendations (Two (2) letters are required)  
One letter must be from current or past employer and can speak to your employee performance  
One letter may be from someone who can speak to your personal character

All application materials submitted by candidates become the property of Polson School district #23

### **NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT. APPLICANTS WILL NOT BE NOTIFIED OF INCOMPLETE APPLICATIONS.**

### **\*FINGERPRINT BASED CRIMINAL BACKGROUND CHECKS ARE REQUIRED ON ALL NEW EMPLOYEES AND MUST BE COMPLETED AND APPROVED BEFORE REPORTING TO WORK.**

### **AN EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT EXPERIENCE (List most recent employer first)**

<b>NAME OF EMPLOYER</b>	<b>ADDRESS</b>	<b>TELEPHONE</b>	<b>DATES FROM/TO</b>	<b>POSITION</b>
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**REFERENCES**

Give as a reference those persons who are qualified to answer concerning your qualifications for the position you seek. Include supervisors whom you have worked under. Do not say "REFER TO MY RESUME". All references may be contacted.

<b>NAME AND POSITION</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>TELEPHONE</b>
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**EDUCATION AND TRAINING**

(Circle highest year completed \*7 8 9 10 11 12 13 14 15 16 and list High School, Jr. College, College, Tech., Military, or Business Schools)

<b>NAME OF H.S. &amp; HIGHER EDUCATION</b>	<b>LOCATION (CITY &amp; STATE)</b>	<b>DIPLOMA</b>	<b>DEGREE</b>	<b>MAJOR FIELD HOURS/CREDITS</b>
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**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:

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**(Check one):** I \_\_\_ have \_\_\_ have not been convicted or adjudicated\* of any crime in any jurisdiction, besides minor traffic offenses. \*Adjudication – A passing of judgment of a court of law or a decision of a judge.

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

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**SPECIAL QUALIFICATION/SKILLS/LICENSES/CERTIFICATES:**

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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 5122**

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 name-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 acknowledged 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 as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34

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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.

Reference checks are considered confidential and will not be used for any purpose other than consideration for employment with Polson School District; this information will be kept confidential and will not be released to any entity, including the applicant.

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**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.

History:  
Updated 6/18/14

Legal References: 42 USC 5119a National Child Protection act  
10.55.716, ARM Substitute Teachers  
10.57.201a, ARM Criminal History Background Check

# 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:** \_\_\_\_\_

## **Tuberculin Test Requirements**

### **Notice:**

All new employees hired by Polson School District #23 are required to submit documentation of the results of a Tuberculin Test to the Human Resources office within five working days of their date of hire.

Administrative Rules of Montana (ARM) 16.28.1005: No public or private school as defined in 20-5-405, MCA, or school cooperative may initially employ or continue to employ a person unless that person has provided the school, the cooperative, or the district to which the school belongs with: documentation of the results of a tuberculin skin test done within the year prior to initial employment, along with the name of the tester and the date and type of test administered, unless the person provides written medical documentation that s/he is a known tuberculin reactor, in which case section 6 applies; (refer to ARM 16.28.1005 ii).

**Tuberculin tests are given at the Lake County Public Health Department, 883-7288.**

## 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.**

DD Form 214

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_