



DESMET INDEPENDENT SCHOOL DISTRICT
Application for Employment

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Today's Date: _____

Name: _____

Address: _____

Previous Name/s: _____

Home Phone No: _____

Cell Phone No: _____

E-mail: _____

Date Available for Work: _____

Please answer the following questions:

1. Do you have the legal right to work in the United States?
_____ Yes _____ No

2. Do you have a high school diploma or passing score on the general education development assessment?
_____ Yes _____ No

3. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? (Please review job description attached as Exhibit A)
_____ Yes _____ No

4. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?
_____ Yes _____ No

If yes, please explain. Include date of discharge or resignation and reason for discharge or resignation:

5. I hereby certify that (check the applicable box and provide the information requested). *(Please note that DeSmet Elementary 8/2021*

© MTSBA/MSUIP 2018

answers to this question may not necessarily disqualify an applicant from consideration for employment):

I have not pleaded guilty to, nor have I been convicted of any violation of criminal law (minor traffic offenses excepted).

I have pleaded guilty to or I have been convicted of at least one violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).

*Please attach and sign a complete description of the circumstances surrounding all convictions.

EMPLOYMENT RECORD:

List your employment, with your most recent employment first. Describe your employment history, accounting for the last 5 positions held. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Most Recent Employer:	_____		
Position:	_____	# Yrs In Position:	_____
Address:	_____		
Contact Person:	_____	Title:	_____ Telephone: _____
Years Employed:	_____	TO	_____
Highest Salary:	\$ _____		
Reasons for Leaving:	_____		

Past Employer:	_____		
Position:	_____	# Yrs In Position:	_____
Address:	_____		
Contact Person:	_____	Title:	_____ Telephone: _____
Highest Salary:	\$ _____		
Reasons for Leaving:	_____		

Past Employer:	_____	
Position:	_____	# Yrs In Position:
Address:	_____	
Contact Person:	_____	Title: _____ Telephone: _____
Highest Salary:	\$ _____	
Reasons for Leaving:	_____	

Past Employer:	_____	
Position:	_____	# Yrs In Position:
Address:	_____	
Contact Person:	_____	Title: _____ Telephone: _____
Highest Salary:	\$ _____	
Reasons for Leaving:	_____	

Past Employer:	_____	
Position:	_____	# Yrs In Position:
Address:	_____	
Contact Person:	_____	Title: _____ Telephone: _____
Highest Salary:	\$ _____	
Reasons for Leaving:	_____	

REFERENCES

Please list current information for three references below.

<u>Name</u>	<u>Title</u>	<u>E-Mail Address</u>	<u>Phone (home and work)</u>
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			

EDUCATION HISTORY

Highest Degree Earned: _____

List from most recent to least recent attendance

<u>Institution</u>	<u>Location</u>	<u>Degree</u>	<u>Year</u>
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			
<u>4.</u>			

Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, religion, color, sex, national origin or because of age, physical or mental disability, or genetic information, 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.

Drug Free/Tobacco Free Policies

The school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

I certify that all statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of a material fact, or altering this application form, may result in refusal of my application by the District, nullification of a possible offer of employment or termination from employment should the District make an offer of employment to me and later discover any such omission or misrepresentation. By signing below, I agree that any misrepresentation, omission of information or alteration of this application form constitutes good cause for termination from employment should the District make an offer of employment to me and later discover such omission or misrepresentation.

Applicant Signature*

Date

***All Applications MUST be signed.**

EMPLOYMENT PREFERENCE FORM

Name: _____

Position Applied For: _____

Job Title

Position No.

Department Name

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

A Disabled Veteran, if

1. you were separated under honorable conditions from military 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 or 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 DPHHS, **OR**

The spouse of a totally (100%) disabled person certified by DPHHS **AND** have 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 your eligibility for employment preference.**

- | | |
|--|---|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter |
| <input type="checkbox"/> DPHHS Disability Certification | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

SIGNATURE (typed or written): _____ **DATE:** _____

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking administrative employment or volunteer assignment with a Montana School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of children. I hereby expressly and voluntarily give the DeSmet School District the right to make a thorough investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in Section 44-5-103(3), MCA**, to the staff of the DeSmet School District and its agents. I understand that the DeSmet School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the DeSmet School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage 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 for 180 days or until revoked in writing by me.

Signature: _____ Date: _____

Print Full Name: _____
First Middle Last

Print Full Address: _____
Street Address/Apt. City State Zip

Date of Birth: _____ Soc Sec Number: _____

STATE OF _____)
: ss.
County of _____)

On this ____ day of _____, 201____, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that he/she executed the same as his/her free act and deed, for the uses and 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.

Notary Public, State of _____
County of _____
My commission expires _____

OPTIONAL - AFFIRMATIVE ACTION INFORMATION - 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 other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: _____ Age: _____
Sex: _____ Ethnic Group: _____

Notice and Acknowledgment of Process

Pursuant to Montana’s open meetings laws, application materials will likely be reviewed and considered by the Board of Trustees in open session. There are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure, thereby allowing the chairperson of the Board of Trustees of a public school to convene in a closed (executive) session should the chairperson make a determination that an individual’s right of privacy clearly outweighs the public’s right to know. If the chairperson of the Board of Trustees convenes in an executive session to review or consider any information obtained during the hiring process, I acknowledge and agree that the Board may engage in discussions about me without my physical presence.

I understand that once my application materials are given to the Board of Trustees, my name may be disclosed to the public upon request. If I am selected as a finalist, my name and other information about my background and qualifications will be disclosed to the public through a press release.

Applicant Signature* _____ Date _____