



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: _____

What Class License and Endorsement(s) do you hold?

Montana _____ Endorsement(s): _____ Expiration date: _____

Other State _____ Endorsement(s): _____ Expiration date: _____

Montana SEID Number: _____

Please answer the following questions:

1. Do you have the legal right to work in the United States?

_____ Yes _____ No

2. 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

3. 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:

4. I hereby certify that (check the applicable box and provide the information requested). *(Please note that 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:
Years Employed:	TO	
Highest Salary:	\$	
Reasons for Leaving:		

Past 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: _____
Years Employed:	_____ TO _____	
Highest Salary:	\$ _____	
Reasons for Leaving:	_____	

Past Employer:		
Position:	_____	# Yrs In Position:
Address:	_____	
Contact Person:	_____	Title: _____ Telephone: _____
Years Employed:	_____ TO _____	
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>
1.			
2.			
3.			

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>
1.			
2.			
3.			
4.			

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.

Proof of Employability, TB Test

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of verification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test within the past year. 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 to require verification of a TB test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

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 _____

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 unremarried 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.**

- DD-214 showing the character of discharge
- DPHHS Disability Certification
- Service-connected disability letter
- A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

SIGNATURE (typed or written):

DATE SIGNED: