

GALLATIN COUNTY

Rural Schools Employment Application

Please complete this application by typing or printing clearly in ink.

Office Use Only

(Application) Date Received: _____ Identification Verified: _____ Other: _____
(Background Check) Form Received: _____ Date Requested: _____ Date Received: _____

PERSONAL DATA

Full Name: _____ Date: _____

Previous Name: _____ Last 4 digits of SSN: _____

Present Address: _____
Street/P.O. Box City State Zip Code

Phone/Cell: _____ Email: _____

Are you a certified teacher? If yes, list state(s): _____ SEID#: _____

Endorsement(s): _____

EDUCATION

High School Diploma/GED/HiSET? _____ Yes _____ No

Name Location Degree/Major Year

High School: _____

College/University: _____

College/University: _____

College/University: _____

Highest Degree Earned: _____

ADDITIONAL INFORMATION

Other relevant experience, licenses, certificates, special skills, and volunteer work, etc.

EMPLOYMENT EXPERIENCE *(List most recent work experience first.)*

Employer Name: _____ Position: _____

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

Immediate Supervisor: _____ Phone: _____

Job Description: (duties, skills, equipment used): _____

Dates: _____ Reason for Leaving: _____
From (mm/yy) To (mm/yy)

Employer Name: _____ Position: _____

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

Immediate Supervisor: _____ Phone: _____

Job Description: (duties, skills, equipment used): _____

Dates: _____ Reason for Leaving: _____
From (mm/yy) To (mm/yy)

Employer Name: _____ Position: _____

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

Immediate Supervisor: _____ Phone: _____

Job Description: (duties, skills, equipment used): _____

Dates: _____ Reason for Leaving: _____
From (mm/yy) To (mm/yy)

(Attach additional sheets if necessary to include at least the last five years of work history.)

REFERENCES

(Provide current information. Individuals may not be family members or relatives and should be other than those who have submitted written letters of reference.)

Name	Location	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may also attach reference letters.

Do you want to be informed before we contact your present employer? _____ Yes _____ No

CERTIFICATION *(Please answer the following questions.)*

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

_____ Yes _____ No

Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

_____ Yes _____ No

Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

_____ Yes _____ No

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

Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior or violation of an employer's sexual misconduct or harassment policy?

_____ Yes _____ No

If yes, please explain.

Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?

_____ Yes _____ No

If yes, please explain.

Check the applicable blank and provide the information requested as necessary.

I hereby certify that:

_____ I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).

_____ I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration from employment.)

All Rural Schools are Equal Opportunity Employers

Each district associated with this application prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender 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

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

Authorization to Release Employment Records

If employed by a participating school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

All associated school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, and tobacco free policies.

Consent to Background Check

The applicant authorizes the Gallatin County Superintendent of Schools and its agents to conduct a thorough criminal records check on behalf of the rural school districts and understands that he/she may be required to submit fingerprints, and agrees to fully cooperate in providing and recording as fingerprints as necessary for such investigation.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment. I authorize all former employers to release job-related information they may have about me.

Signature: _____

Date: _____

Return completed applications to:
Gallatin County Superintendent of Schools
311 W. Main, Room 107
Bozeman, MT 59715
(406) 582-3090 Fax (406) 582-3093
Or by email at:
superintendentofschools@gallatin.mt.gov

The Gallatin County Superintendent of Schools makes no representations or warranties as to the suitability of this Employment Application for any particular employer or job opening, and disclaims any liability that might arise from the use of this Employment Application by an employer or a job seeker. Employment is determined by each individual district.