

District Use:
APP Letter: _____
Resume: _____
Transcript: _____
Certificate: _____
Placement File: _____
District App: _____

**MEDICINE LAKE PUBLIC SCHOOLS
P O BOX 265
MEDICINE LAKE, MT 59247
406 - 789-2211**

APPLICATION FOR EMPLOYMENT

Name: _____

Last

First

Middle

Address: _____

Street or Box No.

City

State

Zip

Home Telephone: _____ Other Phone _____

Date of Application: _____ **Position Applied For:** _____

Other Positions for which you are qualified: _____

EDUCATION

Education and Professional Training - please list in reverse order of attendance (most recent institution first) all educational institutions attended. **CERTIFIED STAFF ONLY** - Information provided should be complete, as it will be used as a preliminary basis for determining salary. Attach additional sheets if necessary.

NAME OF INSTITUTION	LOCATION	DEGREE	MAJOR	MINOR
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Do you have a valid Montana Certification for the position for which you are applying? YES _____ NO _____

Class Certification _____ Level of Certificate _____ Expiration Date _____

Endorsements _____

Have you ever had a teaching certificate revoked? _____ Are you presently under contract? _____

Do you have the legal right to work in the U.S.? _____

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

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

I hereby certify that (check the applicable box and provide the information requested):

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.

PAST EMPLOYMENT

Please indicate a continued record of employment, beginning with your most recent position. Include what you have done for the past ten years, or from the time you left school. If you need more space, please attach a separate page.

Employer's Name	Address	From	To	Reason for Leaving

EXTRACURRICULAR INTERESTS

Please indicate areas in which you have experience and/or ability to assist in an extracurricular program. This includes such areas as: Music, Speech, Drama, Publications, and Athletics. List the specific activities, not just the area for which you are qualified and are willing to direct:

1. _____
2. _____
3. _____

REFERENCES

Please list the names of three persons not related to you and whom you have known at least one year, who have not previously been listed on resume, and who have knowledge of your educational background.

Name	Address	Phone
1. _____		
2. _____		
3. _____		

Equal Opportunity Employer

Medicine Lake School District #7 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 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.

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

Medicine Lake School Districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of employment or benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the District Administration, satisfactory completion of a fingerprint background check is made (This may take as long as 3-4 weeks after submittal of the fingerprints to the Administration Office.), and until fully approved by the Board of Trustees or designated authorized representative. I understand that no contract for employment shall be issued until all of the above items are complete. Further, I have read and understand the above policies of employment. Further, I have read and understand the above policies of employment.

Applicant

Date

NOTE: A valid Montana Certificate is required for employment. It is the responsibility of the applicant to acquire this certificate. Successful applicants will be subject to fingerprinting and background check.

Include with this application: Letter of application, resume, college placement file with letters of recommendation, copy of transcripts and a copy of your teaching certificate.

Please read this section before signing.

THIS APPLICATION IS NOT A CONTRACT OR OFFER OF EMPLOYMENT.

I understand any false statements or misrepresentation of facts are grounds for dismissal or removal of consideration for employment. I hereby declare that the statements above are true, correct and complete to the best of my knowledge and belief. I waive the right to hold liable those persons whose names appear on the application form. I understand that omission or misrepresentation of material fact may result in refusal of or suspension from employment.

I hereby authorize Medicine Lake School District #7 to obtain investigative reports, which may include information as to my character, general reputation, personal characteristics, criminal records, and lifestyle, as well as all statements included in this application. I agree to hold this School District and it's employees, as well as my previous employers and professional references, harmless to any information provided.

Written Signature of Applicant

Date

**AUTHORIZATION TO RELEASE INFORMATION,
INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK**

To Whom It May Concern:

I, _____, am seeking employment, with Medicine Lake School District (the District). I hereby expressly authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of the District and its agents.

I _____ have _____ have not [*check one*] been convicted or adjudicated* of any crime in any jurisdiction, besides minor traffic offenses. 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. 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. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check.

* *Adjudication – A passing of judgment of a court of law or a decision of a judge.*

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print full name: _____

Print full address: _____

STREET

CITY

STATE

ZIP

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)

: ss.

County of _____)

On this _____ day of _____, 20____, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the 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.

(S E A L)

[name]
NOTARY PUBLIC for the state of Montana
Residing at _____, Montana
My commission expires: _____