



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, 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.

## **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.

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Applicant

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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 and must provide proof of a negative tuberculosis test.

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.

The Montana Universal Application form at: [http://www.mtsba.org/teacher\\_application/mtjointapp2.asp](http://www.mtsba.org/teacher_application/mtjointapp2.asp) will be accepted.

**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.**

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Written Signature of Applicant

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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: \_\_\_\_\_