

ELDER GROVE SCHOOL DISTRICT NO. 8
1532 S 64TH ST. W
Billings MT, 59106
1-406-656-2893
Fax 1-406-651-4346

INFORMATION FOR APPLICANTS FOR TEACHING POSITIONS

APPLICATION: Thank you for your request for an application to teach in the Elder Grove School District.

Your application will be considered when there is a vacancy in an area appropriate to your Endorsement. You will be contacted for a personal interview if you are selected as a candidate for a particular position.

COMPONENTS OF A COMPLETE APPLICATION:

Your application will be considered complete when **all** of the items listed below have been **received** by the District. Applications will **NOT** be considered until **ALL** of the required information is on file with the District Office.

1. Letter of Application
2. Formal District Application Form
3. College Placement File *or* three letters of recommendation.
4. Transcripts (Copies are O.K.) If hired, originals are required.
5. Certificate Copy

CREDENTIALS Arrange for your College Placement File to be sent to the Elder Grove School District Office. If you are an experienced teacher and your current placement file does not include teaching references, you should have this information added to your file. If you do not have a placement file, you must provide three letters of recommendation in its place.

CERTIFICATION A valid Montana Teaching Certificate is required in order to teach in the District.

- If you have a current Montana Certificate, or you have recently completed the requirements for the Certificate at the Montana College/University, a copy of the Certificate or proof of application must be provided before your application will be considered.
- If you do not have a current Certificate, you should contact the Office of Public Instruction in Helena, Montana regarding your eligibility.
- If your Certificate has expired, you should contact either your college/university or the Office of Public Instruction in Helena, Montana.
- It is the responsibility of those teachers selected to register their certificates with the Yellowstone County Superintendent of Schools. The district secretary can assist you with this.

COMMUNICATION You may wish to contact the Administration Office regarding the status of your application or the current employment situation. You will **NOT** be notified that your application is missing any of the required items; however, your application will **not** be considered if it is incomplete. Notices of vacancies within the District are posted on school website, and also on the opi website.

APPLICATIONS Applications will remain on file for two years. In order to be considered for positions in subsequent school years, you must notify the Administration Office **in writing** and request that your application remain active.

TEACHER APPLICATION

For Teaching Positions in Elder Grove Schools

(PLEASE PRINT OR TYPE)

POSITION(S) DESIRED _____

NAME _____
 LAST FIRST MIDDLE SOCIAL SECURITY NUMBER¹

PRESENT ADDRESS _____
 STREET (AREA CODE) TELEPHONE

 CITY STATE ZIP CODE

PERMANENT ADDRESS _____
 STREET (AREA CODE) TELEPHONE

 CITY STATE ZIP CODE

E-MAIL ADDRESS (IF AVAILABLE) _____

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID MONTANA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN A MONTANA CERTIFICATE IN ORDER TO TEACH IN MONTANA PUBLIC SCHOOLS.)

AREA OF CERTIFICATION	ISSUING STATE	FOLIO NUMBER	EXPIRATION DATE	CLASS OF CERTIFICATE	LEVEL OF CERTIFICATE

HAVE YOU ACQUIRED TENURE IN MONTANA? _____

IF YES, IN WHAT SCHOOL DISTRICT? _____

DATE AVAILABLE FOR EMPLOYMENT _____

IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST? YES NO
 LONG-TERM YES NO SHORT-TERM YES NO

If you do not hold a Montana certificate, proof of application must be provided to the Administration Office before your application can be processed. Write to the Director of Certification. Office of Public Instruction. PO Box 202501. Helena, MT 59620-2501 regarding your eligibility for a Montana certificate. Furnish information to this office regarding certification as soon as you receive it. Elder Grove School District No. 8 does not assume any responsibility for your certification. Failure to register your teaching certificate in the office of the County Superintendent of Schools within the first sixty days of teaching will result in the District Holding any further wages until your certificate is so registered.

EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address		Your Title				
From								
To								
		(Area Code) Telephone:						
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Work Performed:</td> <td style="width: 50%; border: none;">Reason for Leaving:</td> </tr> <tr> <td style="height: 40px; border: none;"></td> <td style="border: none;"></td> </tr> </table>			Work Performed:	Reason for Leaving:		
Work Performed:	Reason for Leaving:							
Name & Title of Supervisor:				Final Yearly Salary:				
Dates		Name of Employer and Address		Your Title				
From								
To								
		(Area Code) Telephone:						
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Work Performed:</td> <td style="width: 50%; border: none;">Reason for Leaving:</td> </tr> <tr> <td style="height: 40px; border: none;"></td> <td style="border: none;"></td> </tr> </table>			Work Performed:	Reason for Leaving:		
Work Performed:	Reason for Leaving:							
Name & Title of Supervisor:				Final Yearly Salary:				
Dates		Name of Employer and Address		Your Title				
From								
To								
		(Area Code) Telephone:						
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Work Performed:</td> <td style="width: 50%; border: none;">Reason for Leaving:</td> </tr> <tr> <td style="height: 40px; border: none;"></td> <td style="border: none;"></td> </tr> </table>			Work Performed:	Reason for Leaving:		
Work Performed:	Reason for Leaving:							
Name & Title of Supervisor:				Final Yearly Salary:				

Please list activities that you are qualified to supervise or coach:

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1.
		2.
		1.
		2.

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? Yes No

Are you currently under charges for a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No

Within the last ten years, have you been fired from any job for any reason? Yes No

Within the last ten years, have you quit a job after being notified that you would be fired? Yes No

Have you ever been professionally disciplined in any state? Yes No

Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

ELDER GROVE SCHOOL DISTRICT NO. 8 IS AN EQUAL OPPORTUNITY EMPLOYER THAT ENCOURAGES APPLICATIONS REGARDLESS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP. THE INFORMATION CONTAINED ON THIS FORM IS SOUGHT IN GOOD FAITH. IT WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST AN APPLICANT FOR EMPLOYMENT IN VIOLATION OF STATE OR FEDERAL LAW.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of _____ (school district) may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date

Signature of Candidate (in ink)
[Must be original]

ELDER GROVE SCHOOL DISTRICT NO. 8
1532 S. 64th Street West
Billings, MT 59106
1-406-656-2893
Fax 1-406-651-4346

ELDER GROVE SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION
EMPLOYER

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. Therefore, we ask applicants to volunteer the following information.

This form is maintained separately from application materials and is used for statistical record keeping purposes only. All information is considered confidential.

NAME: _____ TODAY'S DATE: _____

SEX: ___ FEMALE ___ MALE DATE OF BIRTH: _____
Month / Day / Year

POSITION APPLIED FOR: _____

Please check the one box which best describes your race/ethnicity:

- WHITE (not of Hispanic origin)
A person having origins in any of the original people of Europe, North Africa, or the Middle East.
- BLACK (not of Hispanic origin)
A person having origins in one of the black racial groups of Africa.
- HISPANIC
A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER
A person having origins an any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE
A person having origins in any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.

HANDICAPPED:

Are you a handicapped or disabled citizen? Yes _____ No

If "Yes," please list any physical limitations that should be considered in job placement.

Check any major disability you have which may have impeded your securing, retaining, or advancing in employment.

Hearing Impairment Visual Impairment

Mobility Impairment Mental Impairment

Multiple Disabilities Other

Are you a veteran? _____ Dates of Service _____

Military Duties _____

Since you are applying for a position that involves working with children, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs? _____ If "yes," explain the nature of the crime, place, and date.

Since you are applying for a position that often involves handling of money or school district property, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion? If "yes," explain the nature of the crime, place and date.

Thank you for taking the time to complete this form. Please return it with your completed application to the Administration Office, Elder Grove School District No. 8.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am seeking employment with the Elder Grove School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the District. I hereby expressly and voluntarily give the 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), and 41-3-205 (3) (0) MCA, to the staff of the District and its agents. I understand that the 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 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 provision of Title 44, Chapter 5, Part 3, and Title 41, Chapter 3, MCA.

This document is effective until revoked in writing by me.

Signature: _____ Date: _____

PRINT FULL NAME _____

PRINT FULL ADDRESS: _____

City

State

Zip Code

ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

On this _____ day of _____, 20____, _____ appeared before me, a notary public of the State of _____, known to me to be the person named in the foregoing release, and acknowledge to me that _____ executed the same as _____ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notarial Seal Signature

State of _____

County of _____

My commission expires _____

