Gardiner School District Extra-Curricular Employee Application

Instructions and Information

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. Do not complete the application by stating "see attached resume."

- The following application material <u>must</u> be submitted to be considered:
 - 1. A completed Application Form.
 - 2. A cover letter.
 - 3. Any professional licenses or certifications (Please include First Aid/CPR card; MHSA/NFHS Fundamentals of Coaching Certification; and MHSA rules clinic certification, if applicable).
- Application materials may be submitted in person, by mail, or by fax.
- Applications must be received at the District Office by ____ p.m. on ______, 201
- Application and supporting materials will not be returned.
- Background checks will be performed on all candidates. The Disclosure and Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

Submit completed applications to:

Gardiner School District 217 Daly St. Gardiner, MT 59840

DIRECT ALL QUESTIONS TO THE BUILDING LEVEL ADMINISTRATOR

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Today'	's Date:
SSN:	
Name:	
Addres	SS:
Previou	us Name(s):
Home !	Phone No.:
Work I	Phone No.:
Do you	a hold any professional licenses or certifications?
	Type Expiration Date:
	Type Expiration Date:
Email:	
<u>Please</u>	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?
	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 the date of discharge or resignation and the reason for discharge or resignation.

4.	I hereby certify that (check the applicable box and provide the information requested):				
	O	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).			
	O	criminal law. Please attac	ch and sign a complete such conviction.	(This may not necessarily	
Emplo	yment	t Record			
employ	vment l	ployment, with your most re history, accounting for the l erience. You may attach ad	last 3 positions held	l. You may include volunteer	
Do you	u wish	to be notified before we c	ontact your curre	nt or previous employers?	
		_ Yes No			
Most 1	Recent	::			
Emplo	yer:				
Positio	on:		_ No. of years in	position:	
Addres	ss:				
Contac	et:		Title:	Phone No.:	
Reason	ns for	Leaving			
Past E		/er:			
Emplo	yer:				
Positio	on: No. of years in position:				
Addres	ss:				
Contac	et:		Title:	Phone No.:	

Reasons for L	eaving				
Past Employe	r:				
Employer:					
Position:		No. of	years in position:		
Address:					
Contact:		Title: _	Ph	one No.:	
Reasons for L	eaving				
		REFERENCE	S		
		for five references l have submitted wri			ow .
Name 1	Name Title Address Phone (home and work)				
2					
3					
	F	EDUCATION HIS	ΓORY		
Highest Degree	e Earned:				
List from mos	t recent to least 1	recent attendance			
School	Location	1 Subject	<u>Degree</u>	<u>Year</u>	<u>GPA</u>

Equal Opportunity Employer

The Gardiner School District 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 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 certification 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 certification of having received 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 from any candidate chosen from employment and to require submitted documentation of the results of a tuberculin (TB) test within seven days of employment.

Drug Free/Tobacco Free Policies

The school district is a drug and tobacco free school and, as such, requires all employees to adhere to specific drug free and tobacco free policies.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment.

Signatura	 	
Signature	Date	

EMPLOYMENT PREFERENCE FORM

Name:	Social Security No.:
	Job Title:
Providing information is volume preference. This information	the Montana Veterans' Employment Preference Act, complete the following. Intuitive but must be included with the application in order to claim employment in will be kept confidential and will only be used during the hiring process to syment preference. Applicants hired by the district will have this information intial file.
applicants score when the score when the score applicants are seen applicants. The score is applicable applicants applicants are seen applicants applicants are seen applicants.	nent Preference provides the addition of 5% points or 10% points to the nen a numerically scored selection procedure is used. Whenever a public lection procedure other than a second procedure, the public employer shall give abled veteran, eligible relative, or veteran, in that order over any nonpreferred substantially equal qualifications.
2. To claim Veterans	Employment Preference, you must be a U.S. Citizen and:
2. You l traini Guard	have been separated under honorable conditions; and have served more than 180 consecutive days of active duty other than for ing in the Air Force, Navy, Marines, or Coast Guard (not including National d or Reserves) or a member of the reserves who served on active duty during a d of war or in a campaign or expedition for which a campaign badge is rized.
2. Y	n, if You have been separated under honorable conditions from active duty; and You have an established Armed Forces service-connected disability OR are ecciving 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 dis	abled veteran if the veteran's disability prevents him/her from working.
The un-remarried s	pouse of a veteran or disabled veteran.
F d	teran, if THE VETERAN died under honorable conditions while serving in the Armed Forces; OR THE VETERAN has a service-connected, permanent, and total isability. YOUR SPOUSE is totally and permanently disabled, OR YOU are the
	nmarried widow of the father of the Veteran.
3. Check the attachment	you have included to document the preference request.
□ DD-214	Other
Signature	Date

AFFIRMATIVE ACTION INFORMATION – OPTIONAL

Date:	Age:	
Sex:	Ethnic Group:	

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY	CONCERN:			
I,				
furnishing information any dissemination of the Chapter 5, Part 3, MC	n to the District and its the information request	agents as expressly ted, subject to the pr		
Signature:	Signature: Date:			
Print Full Name:	First	Middle	Last	
Print Full Address: _	City	State	Zip	
Date of Birth:		Social Security No.:		
State of	:ss.			
On this day of, 2014, before me, a notary public for the state of, personally appeared, known to me to be the person named in the foregoing Release, and acknowledged that he/she executed the same as his/her free act and deed, for the uses and purposes therein mentioned.				
IN WITNESS WHEREOI this certificate first above		and and affixed my nota	rial seal the day and year in	
		Notary Public for the S County of My commission expire		