

HELENA FLATS SCHOOL DISTRICT #15
Certified Employment
Application 1000 Helena Flats
Rd.
Kalispell, MT 59901

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

Applicant Signature Date

Instructions and Information

Please complete all pages of the application fully and legibly. Furnishing information on the application is mandatory unless otherwise stated.

In addition to the completed and signed application, please provide the following additional information:

1. A letter of application specifying the applied-for position
2. Professional resume which includes any academic preparation, experience and other specifically related qualifications
3. Copies of transcripts of all college or university credits to date (official transcripts required upon hire)
4. College placement file/papers and/or letters of recommendation (minimum of three)
5. Evidence of Montana certification/licensure

An application may be submitted in person, by mail, email or by fax. Applications must be received by the final filing date.

Photo copies may be submitted in place of an original application Applications and supporting materials will not be returned
Helena Flats School District requires a background check and finger prints of all final candidates.

Finalists will be contacted by the district.

Personal Information

Name:

Last

First

Middle

Address

Street City State Zip Previous Name(s):

Home Phone: _ _ _ Other Phone: _ _ _

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Position for which you are applying: _ _ Coaching/Advising Interests and Experience:

Montana Certification Folio Number: _ _ Grades: _ _

Expiration Date: _ _ Major/Endorsements: _ _ Minor /Endorsements:

Special Ed License and Expiration Date:

Additional Pertinent Information, Qualifications or Certificates

References:

Please list current information for at least three and no more than five references below:

Name	Title	Address	Phone (home and work)
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Education History:

List from most recent to least recent attendance:

University/College	Location	Subject	Degree	Year	GPA
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Credits completed beyond: B.A. () Quarter/ () Semester
M.A. () Quarter/ () Semester

EMPLOYMENT RECORD

List your present most recent employer first. Describe your employment history, accounting for all the time during at least the past 15 years. You may include volunteer and paid experience. DO NOT substitute a resume.

Employer: _____ Job title _____ Address: _____

Immediate supervisor and title:

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Telephone: _____ Employment dates: From: _____ To: _____

Job Duties (Brief statement- be sure to list all duties related to this position):

Reason for leaving:

Salary:

May we contact this employer? () Yes/ () No

Employer: _____ Your job title: _____

Address:

Immediate supervisor and title:

Telephone: _____ Employment dates: _____ From: _____ To: _____

Job Duties (Brief statement- be sure to list all duties related to this position):

Reason for leaving

Salary:

May we contact this employer? () Yes/ () No

Employer: _____ Your job title: _____ Address: _____

Immediate supervisor and title:

Telephone: _____ **Employment dates:** _____ **From:** _____ **To:** _____ **Job Duties** (Brief statement- be sure to list all duties related to this position):

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Reason for leaving: _____

Salary:

May we contact this employer? () Yes/ () No

Employer: _____ **Your job title:** _____

Address: _____

Immediate e supervisor and title:

Telephone: _____ **Employment dates:** _____ **From:** _____ **To:** _____ **Job Duties** (Brief statement- be sure to list all duties related to this position):

Reason for leaving: _____

Salary:

May we contact this employer? () Yes/ () No

Please answer the following questions:

1. Do you have the legal right to accept 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 date of discharge or resignation and reason for discharge and resignation.
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-
-

4. I hereby certify that (check the applicable box and provided the information):

I have not pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere (minor traffic offenses excepted)

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

Equal Opportunity Employer

Helena Flats 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 sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or sex distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Authorization to Release Employment Records

If employed by Helena Flats School, 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 with the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies

Helena Flats School District is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, tobacco free policies

Acknowledgement

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the superintendent/board or designated authorized representative. Further, I have read and understand the above policies of employment. If employed by Helena Flats School District, I agree to abide by these policies of employment.

Applicant Date

Affirmative Action Information

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. This statement will be filed separately from all your other employment records. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Complete the following information and return it with your completed application to the District Clerk.

Date: _ Sex: Male Female

Age: _ Position applied for:

Ethnic Group:

ALASKA NATIVE: A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition

AMERICAN INDIAN: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

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ASIAN AMERICAN: A person having origins in any of the original people of the Indian Subcontinent, the Pacific Islands, or the Far East: for example, China, Japan, Korea

BLACK (not of Hispanic origin) A person having origins in any of the Black racial groups of Africa.

FILIPINO: A person having origins in any of the original people of the Philippine Islands

SPANISH AMERICAN: A person of Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish culture or origin regardless of race.

WHITE: (not of Hispanic origin) A person having origins in any of the original people of Europe, North America, or the Middle East.

OTHER: Specify

Veteran's Employment Preference Form

Name:

Position Applied For:

Claim preference under the Montana Veteran's Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preferences This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file

Veteran's Employment Preference provides the addition of 5% points (veteran) or 10% points (disabled veteran) to the applicant's score when numerically cored selection procedure is used Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled Veteran, eligible relative, or veteran, in that order, over any non-preferred applicant holding substantially equal qualifications.

To claim Veteran's Employment Preference you must be a US Citizen and (check one of the boxes below) **A Veteran, if**

1. You have been separated under honorable conditions.

AND

You have served more than 180 consecutive days of active duty other than for training in the Army Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized

A Disabled Veteran, if

1. You have been separated under honorable conclusions from active duty.

AND

2. You have an established Armed Forces service-connected disability OR are receiving 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 disabled veteran** if the veteran's disability prevents him/her from working.

) **The un-remarried surviving spouse of a veteran or disabled veteran.**

) **The Mother of a veteran, if**

I. THE VETERAN died under: honorable conditions while serving in the Armed Forces. OR the VETERAN has service-connected .permanent, and total disability,

AND

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2. YOUR SPOUSE is totally and permanently disabled OR YOU are the un-remarried widow of the father of the veteran

In the box below, check the attachment you have included to document the preference you request.

DD 214

Other:

Signature: _

Date: _