APPLICATION FOR CERTIFIED TEACHER

Hill County Rural Schools

County Superintendent Office 406-265-5481 ext. 2312 Cottonwood School District # 57 406-265-6970 Davey School District # 12 406-265-6970 Gilford Colony District # 89 406-390-3223

*HILL COUNTY RURAL SCHOOL DISTRICTS ARE AN EQUAL OPPORTUNITY EMPLOYER THAT ENCOURAGES APPLICATIONS FROM ALL PERSONS REGARDLESS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR

Vicki Proctor, Superintendent

e-mail - proctory@hillcounty.us

Serena Dawson, Davey School Clerk

e-mail - daveyclerk12@gmail.com

Serena Dawson, Cottonwood School Clerk

e-mail – cottonwoodclerk@gmail.com

Jessi Stevenson, Gildford Colony Elem School Clerk

e-mail – darrens@itstriangle.com

| DISABILITY. | | | | | | | |
|----------------------------|------------------------------|----------------|-------|---------------------|------------------|--------|--|
| Position applied for Date: | | | | | | | |
| Name | Last | First | | | Middle | | |
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| Present Address | SStreet | City | | | State Zip Cod | le | |
| Permanent Add | ressStreet | | | | | | |
| | Street | City | | | State Zip Code | | |
| Telephone Num | nber (H) | (W) Sc | | Social Securit | ocial Security # | | |
| CERTIFICATION | | | | | | | |
| | which you hold a valid Monta | | | tate teaching certi | | | |
| AREA C | OF CERTIFICATION | ISSUSING STATE | | | EXPIRATION DATE | | |
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| EDUCATION. | | | | , | | | |
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| | ACHING: Beginning teachers: | | | | | | |
| When: | | | | | | | |
| | ets taught and grade level: | | | | | | |

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PROFESSIONAL EXPERIENCE: Present or most recent first.

| OTHER QUALIFICATIONS: | | | | | |
|---|----------------|--------------|--|--|--|
| Summarize any special job-related skills and qualifications from employment or other experience you feel may be helpful in considering | | | | | |
| your application. i.e. honors, awards, activities, technology skills, or professional development activities. | • | | | | |
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| BACKGROUND CHECK: | | | | | |
| Background Questions | YES | NO | | | |
| 1. Have you ever been convicted of, admitted convicting, or are you awaiting trial for any crime (excluding | | | | | |
| only minor traffic violations not involving any allegation of drug or alcohol impairment)? | | | | | |
| 2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while on | | | | | |
| charges against you or an investigation of your behavior was pending? | | | | | |
| 3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or | | | | | |
| suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you | | | | | |
| before any licensing, certification or other regulatory agency or body, public or private? | | | | | |
| 4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any | | | | | |
| licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any | | | | | |
| previous employer? | | | | | |
| If any of the above statements have been answered "yes" explain. | | | | | |
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| It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this | | | | | |
| application and/or separation from the employer's service if I have been employed. | | | | | |
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| I give the employer the right to investigate all references and to secure additional information about me, if job | | | | | |
| from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for | | | | | |
| furnishing such information. | | | | | |
| | | | | | |
| The employer is an Equal Opportunity Employer. The employer does not discriminate in employment | | | | | |
| application is used for the purpose of limiting or excusing any applicant's consideration for employment on a | basis prohibit | ed by local, | | | |
| state or federal law. | | | | | |
| | 1 1 21 | 1 11 4 1 | | | |
| This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be | | | | | |
| considered for employment, it will be necessary to fill out a new application. | | | | | |
| I and desired it is this common as a policy mot to refuse to him a gualified individual with a disability because of | 'this manaan's | mand for an | | | |
| I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA. | | | | | |
| accommodation that would be required by the ADA. | | | | | |
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| Signature of Applicant Date | | | | | |
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AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN: I, _______, am seeking employment and/or volunteer assignment with the Hill County Rural School Districts. I hereby expressly 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), MCA, to the staff of the Hill County Rural School Districts and its agents. I have have not 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 acknowledge 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. I hereby release the Hill County Rural School Districts and any organization, company, institution, or person furnishing information to the District and its agents as expressly requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA. A fingerprint background check will be at my expense and will be deducted from the initial paycheck unless other arrangements are made with the District Office. This document is effective until revoked in writing by me. Signature Date Print Full Name Print Full Address City State Zip Code Birth Date Social Security Number STATE OF MONTANA) : SS. County of ______) On this _____ day of ______, 20__, before me, a notary public of the State of Montana, personally appeared ______, known to me to be the person named in the foregoing Release, and acknowledged to me that ______ executed the same as free act and deed, for the uses and 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. Notary Public, State of Montana County of _____

My commission expires

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Gildford Colony Elementary #89 that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at <u>dojitsdpublicrecords@mt.gov</u> or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

NCPA/VCA Applicants

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| | | ith, will be working in a volunteer pollony Elementary #89 for the position | sition with, or will be providing vendor of Primary Level Teacher. | or contractor services to (write in |
| 251 (Section authorizes | ons 221 and 222 of Crime | e Identification Technology Act of 1 nal history background check to determine the control of th | 103-209, as amended by the Volunteer 998), codified at 42 United States Coormine the fitness of an employee, or vo | de (U.S.C.) Sections 5119a and 5119c |
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| Your Nam | e: | | | |
| | First | Middle | Maiden | Last |
| Date of Bi | rth: | | | |
| Address: _ | | | | |
| | City | Stat | e Zip | |
| | I have been convicted circumstances and out | | or, the following crimes [include the date of the date | ates, location/jurisdiction, |
| | I have not been convi | cted of, nor am I under pending indic | tment for, any crimes | |
| | | Department of Justice, Criminal Reco | rds and Identification Services Section #89. | to disseminate criminal |

Date

Signature of Applicant

District Use Only

| Date Completed Application Received | | | | |
|-------------------------------------|--|--|--|--|
| □ Application Letter | | | | |
| □ Resume | | | | |
| □ Transcripts | | | | |
| ☐ Three (3) Letters of Reference | | | | |
| ☐ Teaching Certification | | | | |
| □ Placement File | | | | |
| □ Other | | | | |
| Background Check: | | | | |
| Forms received | | | | |
| Date requested | | | | |
| Date received | | | | |
| Hiring personnel review record | | | | |
| Initial Interview Date: | | | | |