

Gildford Colony Elementary

District #89

NEW HIRE CHECKLIST

Name _____

- ☐ Application
- ☐ ~~Resume~~
- ☐ Transcripts
- ☐ ~~Three (3) Letters of References~~
- ☐ ~~Teaching Certificate~~
- ☐ Equal Employment Opportunity
- ☐ ACH Direct Deposit & Policy 5257
- ☐ W-4
- ☐ Montana Employee Withholding
- ☐ Employment Eligibility I-9 w/documentation
- ☐ Policy 5122
- ☐ TRS Handout

District Use Only

Date Completed Application Received _____

- ☐ Application
- ☐ ~~Resume~~
- ☐ Transcripts
- ☐ ~~Three (3) Letters of Reference~~
- ☐ ~~Teaching Certification~~
- ☐ Release(signed & notarized)/Consent FP/NCPA/VCA
- ☐ Fingerprinting (prints & declaration)
- ☐ EEO
- ☐ ACH
- ☐ W-4/MW/I-9

Background Check:

Forms received _____ Date Requested _____ Received _____

Initial Interview Date _____

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

Vicki Proctor, Superintendent
e-mail – proctorv@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

*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 DISABILITY.

Date: _____

Position applied for _____

Name

Last

First

Middle

Present Address

Street

City

State

Zip Code

Permanent Address

Street

City

State

Zip Code

Telephone Number (H) _____ (W) _____ Social Security # _____

CERTIFICATION:

List all areas in which you hold a valid Montana Teaching Certificate and/or out-of-state teaching certificates.

AREA OF CERTIFICATION	ISSUING STATE	EXPIRATION DATE

EDUCATION:

DATE	NAME & ADDRESS OF INSTITUTION	MAJOR	MINOR	YEAR GRADUATED	DEGREE

STUDENT TEACHING: Beginning teachers only.

Where: _____

When: _____

Subjects taught and grade level: _____

PROFESSIONAL EXPERIENCE: Present or most recent first.

DATES FROM/TO		NAME OF EMPLOYER	ADDRESS, CITY, STATE & ZIP CODE	POSITION
May we contact?		TELEPHONE:		
EXTRA-CURRICULAR ACTIVITIES:				
DATES FROM/TO		NAME OF EMPLOYER	ADDRESS, CITY, STATE & ZIP CODE	POSITION

May we contact?	TELEPHONE:		
EXTRA-CURRICULAR ACTIVITIES:			
DATES FROM/TO	NAME OF EMPLOYER	ADDRESS, CITY, STATE & ZIP CODE	POSITION
May we contact?	TELEPHONE:		
EXTRA-CURRICULAR ACTIVITIES:			
DATES FROM/TO	NAME OF EMPLOYER	ADDRESS, CITY, STATE & ZIP CODE	POSITION
May we contact?	TELEPHONE:		
EXTRA-CURRICULAR ACTIVITIES:			
DATES FROM/TO	NAME OF EMPLOYER	ADDRESS, CITY, STATE & ZIP CODE	POSITION
May we contact?	TELEPHONE:		
EXTRA-CURRICULAR ACTIVITIES:			

REFERENCES: References should include superintendents, principals, or other work related persons who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent or principal of the two most recent schools in which employed.

NAME	POSITION	ADDRESS, CITY, STATE & ZIP CODE
	TELEPHONE	
NAME	POSITION	ADDRESS, CITY, STATE & ZIP CODE
	TELEPHONE	
NAME	POSITION	ADDRESS, CITY, STATE & ZIP CODE
	TELEPHONE	

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.

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.		

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.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release 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 and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

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 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.

Signature of Applicant _____ Date _____

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 _____
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

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 School District #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 dojitsdpublicrecords@mt.gov 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

To Whom It May Concern:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) Davey Elementary School #12 for the position of Primary Level Teacher.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.
4. The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Full Name: _____ Date of Birth: _____

Address: _____

- ☐ I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:
- ☐ I have not been convicted of, nor am I under pending indictment for, any crimes
- ☐ I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to Gildford Colony Elementary District #89.

Signature: _____ Date: _____

Gildford Colony Elementary

District #89

Equal Employment Opportunity Form

Applicant Information:

Full Name: _____

Address: _____

Home Phone: _____

Position Applied For: _____

Voluntary Information:

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used with considering you for employment with our district. Check all that apply.

Racial or Ethnic Group:

- ☐ American Indian/Alaskan
- ☐ Hispanic/Latino
- ☐ Asian/Pacific Islander
- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Other

Gender:

- ☐ Male
- ☐ Female

Military Service:

- ☐ Pre-Vietnam Era
- ☐ Post-Vietnam Era
- ☐ Vietnam Era
- ☐ Disabled Veteran

ACH Direct Deposit Procedures

The Automated Clearing House (ACH) Direct Deposit is designed for direct deposit of Gildford Colony Elementary School employees' paychecks. Gildford Colony Elementary School will bear the costs incurred for these transactions. Employees must have ACH Direct Deposit and will provide routing and account numbers, amounts of deposits, and any other information the Clerk deems necessary. Information provided to the Clerk will be held in strict confidence.

Requests for changes to an employee's file must be presented in writing to the Clerk no later than the fifteenth (15th) day of the month to be facilitated for the next month. The Clerk reserves the right to not facilitate changes to an employee's file, if further verification from the company is needed to facilitate the changes.

Policy History:

Adopted on:

Revised on:

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

Fingerprints & Criminal Background Investigations

Board policy requires that any finalist recommended for hire to a paid or volunteer position with the District involving regular unsupervised access to students in schools, as determined by the Superintendent, shall submit to a fingerprint criminal background investigation conducted by the appropriate law enforcement agency prior to consideration of the recommendation for employment or appointment by the Board. Any subsequent offer of employment or appointment shall be contingent upon results of the fingerprint criminal background check.

The following applicants for employment, as a condition of employment, shall be required, as a condition of any offer of employment, to authorize, in writing, a fingerprint criminal background investigation to determine if he or she has been convicted of certain criminal or drug offenses:

- A certified teacher seeking full or part time employment within the District;
- A non-certified or classified employee seeking full or part time employment within the District;
- An employee of a person or firm holding a contract with the District, if the employee is assigned to the District;
- A volunteer assigned within the District who has regular unsupervised access to students;
- Substitute teachers.

Any requirement of an applicant to submit to a fingerprint background check shall be in compliance with the Volunteers for Children Act of 1998 and applicable federal regulations. If an applicant has any prior record of arrest or conviction by any local, state or federal law enforcement agency for an offense other than a minor traffic violation, the facts must be reviewed by the Superintendent, who shall decide whether the applicant shall be declared eligible for appointment or employment in a manner consistent with the expectations and standards set by the board. Arrests resolved without conviction shall not be considered in the hiring process unless the charges are pending.

Legal Reference:

§ 44-5-301, MCA	Dissemination of public criminal justice information
§ 44-5-302, MCA	Dissemination of criminal history record information that is not public Criminal justice information
§ 44-5-303, MCA	Dissemination of confidential criminal justice information
ARM 10.55.716	Substitute Teachers
Public Law 105-251	Volunteers for Children Act

Policy History:

Adopted on:

Revised on:

Gildford Colony Elementary

District #89

DECLARATION

This form is to be completed by the agency taking the fingerprints and is intended to confirm that valid identification (i.e. a driver's license or other type of photograph identification) was presented at the time the fingerprints were taken. It is not intended that the confirming agency validate or affirm for authenticity the identity of the person.

Name of Agency: _____

Address: _____

Phone: _____

I, _____, state that on this day, I prepared the attached fingerprint card for _____, a person who appeared before me and displayed the following form of identification:

_____ (ID type), _____ (ID #), which identification contained his/her name and that which appeared to be his/her photograph.

I declare under penalty and perjury that the foregoing is true.

Signature: _____ Date: _____

Attached:

- ☐ W-4 Form
- ☐ Montana Withholding
- ☐ I-9
- ☐ TRS Handout