Sunset School District Substitute 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 must be submitted to be considered:

    1. A completed Application Form.
    2. Resume and Cover letter *(optional)*

- Application materials may be submitted in person, by email, by mail, or by fax.
- Application and supporting materials will not be returned.
- Background checks will be performed on all candidates.

Submit completed applications to:

Jessica Bird, Sunset School Clerk
410 W. Spruce
Missoula, MT 59802

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Today's Date: _____

SSN: _____

Name: _____

Address: _____

Previous Name(s): _____

Home Phone No.: _____

Work Phone No.: _____

Do you hold any professional licenses or certifications?

Type _____ Expiration Date: _____

Type _____ Expiration Date: _____

Email: _____

<u>Please answer the following questions</u>:

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):

( ) 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).

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

Employment Record

List your employment, with your most recent employment first. Describe your employment history, accounting for the last 3 positions held. You may include volunteer and paid experience. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers?

_____ Yes _____ No

Most Recent:

Employer: _____

Position: _____ No. of years in position: _____

Address: _____

Contact: _____Title: _____Phone No.: _____

Reasons for Leaving _____

_____

Past Employer:

Employer: _____

Position: _____ No. of years in position: _____

Address: _____

Contact: _____ Title: _____Phone No.: _____

Reasons for Leaving _____

_____

Past Employer:

Employer: _____

Position: _____ No. of years in position: _____

Address: _____

Contact: _____ Title: _____ Phone No.: _____

Reasons for Leaving _____

_____

REFERENCES

Please list current information for three references below. Individuals listed below should be other than those who have submitted written letters of reference.

Name	Title	Address	Phone (home and work)
1			
2			
3			

EDUCATION HISTORY

Highest Degree Earned: _____

List from most recent to least recent attendance

School	Location	Subject	Degree	Year	GPA

Equal Opportunity Employer

The Woodman 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.

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.

_____ _____

Signature **Date**

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment with the Woodman School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children. I hereby expressly and voluntarily give the School 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), MCA**, to the staff of the School District and its agents. I understand that the School 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 School District and any organization, company institution, or person furnishing information to the District and its agents as expressly authorized above, from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective for 30 days or until revoked, in writing, by me.

Signature: _____ Date: _____

Print Full Name: _____
First Middle Last

Print Full Address: _____
City State Zip

Date of Birth: _____ Social Security No.: _____

State of _____)
:ss.
County of: _____)

On this _____ day of _____, 20___, 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 WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

_____
_____
Notary Public for the State of _____
County of _____
My commission expires _____