

LaMotte School District 43
"Where Education and the Environment Meet"

841 Bear Canyon Rd.
Bozeman, MT 59715
Phone: 586-2838 Fax: 585-8626

The following application materials must be submitted to be considered for advertised openings:

1. A completed Application Form.
 2. A cover letter addressing qualifications and experience.
 3. Resume (for certified positions only).
 4. College Transcripts (for certified positions only).
 5. Three to five letters of recommendation.
- Applications must be received at LaMotte School by 4:00 pm on the stated closing date.
 - Applications and supporting materials will not be returned.
 - Background checks will be performed on all finalists. The Authorization to Release Information form must be completed in full.
 - The Authorization to Release Information Form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

Equal Opportunity Employers The LaMotte 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 when the reasonable demands of the position do not require an 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 verification 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 verification of having received a 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 test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven days of employment.

Authorization to Release Employment Records If employed by a school district, 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, when the school district's interest is deemed appropriate.

Drug Free/Tobacco Free Policies The school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, 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.

**APPLICATION FOR CLASSIFIED/CERTIFIED EMPLOYMENT
LAMOTTE SCHOOL DISTRICT 43
841 BEAR CANYON RD, BOZEMAN MT 59715**

TITLE OF JOB _____ **APPLICATION DATE** _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ **CELL PHONE** _____

SOCIAL SECURITY NUMBER _____

Montana Teaching License Folio Number _____ **Class** _____ **Level** _____

Endorsements _____

EDUCATION

NAME OF SCHOOL	CITY/STATE	DATES ATTENDED		GRADE/DEGREE COMPLETED
		FROM	TO	

EMPLOYMENT RECORD: List your work history for the past ten years. Start with your present or most recent job. If you need more space, attach additional sheets.

1. **COMPANY NAME** _____ **JOB TITLE** _____

ADDRESS _____ **TELEPHONE** _____

DATES OF EMPLOYMENT _____ **SUPERVISOR'S NAME** _____
FROM TO

DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR EMPLOYER? _____

2. COMPANY NAME _____ JOB TITLE _____
ADDRESS _____ TELEPHONE _____
DATES OF EMPLOYMENT _____ SUPERVISOR'S NAME _____
FROM TO
DUTIES _____

REASON FOR LEAVING _____
MAY WE CONTACT YOUR EMPLOYER? _____

3. COMPANY NAME _____ JOB TITLE _____
ADDRESS _____ TELEPHONE _____
DATES OF EMPLOYMENT _____ SUPERVISOR'S NAME _____
FROM TO
DUTIES _____

REASON FOR LEAVING _____
MAY WE CONTACT YOUR EMPLOYER? _____

4. COMPANY NAME _____ JOB TITLE _____
ADDRESS _____ TELEPHONE _____
DATES OF EMPLOYMENT _____ SUPERVISOR'S NAME _____
FROM TO
DUTIES _____

REASON FOR LEAVING _____
MAY WE CONTACT YOUR EMPLOYER? _____

PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE
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NAME	ADDRESS	TELEPHONE
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NAME	ADDRESS	TELEPHONE
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Describe any other training or experience that may be applicable to the job for which you are applying.
(classified only)

Have you ever been discharged or asked to resign from any position for any reason? _____
yes no

If yes, where and why?

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

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

This document is effective until revoked in writing by me.

SIGNATURE _____ DATE

Print Full Name: _____

Print Full Address: _____

City State Zip

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 _____

EMPLOYMENT PREFERENCE FORM

NAME _____ SOCIAL SECURITY NUMBER _____

POSITION APPLIED FOR _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. 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.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored 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 no preferred applicant holding substantially equal qualifications.
2. To claim Veterans' Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

A Veteran, if

1. you have been separated under honorable conditions,

AND

2. 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 conditions 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 unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if

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

AND

2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

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

DD-214

Other

Signature _____ Date Signed _____