

Certified Employees Employment Package

APPLICATION REQUIREMENTS:

District Application

Cover Letter

Resume of Curriculum Vitae

Philosophy of Education

College Transcripts

Copy of Montana Teaching Certificate

Placement file recommended

Drug test, T.B. test, and background check required prior to employment

If hired they must register their teaching certificate with the County Superintendent in Conrad within 60 days of their employment or we withhold their pay!



"Horns of the Warriors"

Heart Butte School District #1
PO Box 259
Heart Butte, MT 59448
Phone (406) 338-3344

Fax: (406) 338-2088

SCHOOL DISTRICT NO. 1 IS AN EQUAL OPPORTUNITY EMPLOYER THAT ENCOURAGES APPLICATION FROM ALL PERSONS REGARDLESS OF RACE, SEX, NATIONAL ORIGIN OR DISABILITY.

Application for Position of: _____ Date of Application: _____

Mr./Mrs./Ms.: _____
Last First Middle Initial

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Birth Date: _____ Social Security No.: _____ Telephone: () _____

Certification

(Attached photocopy if possible)

Do you have a valid Montana Certificate? Yes No Expiration Date: _____

Folio Number: _____ Class: _____ Level: _____

Endorsements: _____

Are you currently under contract? Yes No Date of contract: _____
Expiration: _____

If you do not hold a Montana Certificate, proof of Application must be provided to the Personnel Office before your application can be processed. Write to: Certification Services, State Capital, Helena, Montana 59620, regarding your eligibility for a Montana Certificate.

Heart Butte School District No. 1 does not assume any responsibility for your certification.

Completed Education

Major Area of Preparation: _____

Minor Area of preparation: _____

Additional Graduate credits taken since last completed degree: _____

College/University	Completed Degree: Date Graduated:
College/University: Location:	Completed Degree: Date Graduated:
College/University: Location:	Completed Degree: Date Graduated:

Student Teaching Experience

(beginning Teachers Only)

Name of School:	Dates:
Location:	Level of Experience:
	Grades/Subject Taught:

Teaching Experience

Do NOT list substitute teaching, work as an instructional assistant, or student teaching.
List ONLY contracted teaching experience in an accredited K-12 institution.

Name and Location of School	Date	No. of Years	Grades/Subject Taught	Extra Curricular Assignments

Total years of certified service (Do NOT count partial years): _____

Record

Since you are applying for a position that involves working with children and the handling of money, please complete the following section:

Have you within the past seven (7) years served any portion of a FELONY criminal sentenced or been CONVICTED of any offense that involve embezzlement, fraud, theft, robbery, extortion, blackmail, or any violence such as assault, rape, child abuse, child molesting coercion, or n\any FELONY crime which involves drugs? YES NO
If yes, explain the nature of the crime, place, and date of sentence: _____

Are you a Veteran: YES NO

If so, where? _____

May we contact your references, including your present employer, for recommendation?
 YES NO

If no, please explain: _____

Are you willing to attend and supervise school activities as assigned? _____

Will you participate willingly in committee or other professional work? _____

Please indicate areas where you have experience or ability to assist in our extra-curricular program. This includes areas as music, forensics, publications, and athletics: _____

Immigration Status

If you are not a citizen of the United States, are you lawfully able to become employed at this time? YES NO

If no, proof of immigration status authorizing employment will be required prior to presentation of your application to the Board of trustees for employment.

School Board/Administration Relationships

Do you have family, to the first degree, who are district administrators? YES NO

Do you have family, to the first degree, who are on school board? YES NO

If you answered YES to either question above, give their names ad relationship: _____

Performance of Duties

Are you able to perform all the duties in the job for which you are applying, such as working a full eight (8) hour shift, bending and lifting? YES NO

If no, describe the restrictions: _____

References

Give as many referenced persons who are qualified to attest to your qualifications for the position you seek. Include especially persons for whom you have taught and those who know your ability and character.

Do not write, "Refer to my credentials"

Name: _____
Title: _____
Address: _____

Phone: _____

Name: _____
Title: _____
Address: _____

Phone: _____

Name: _____
Title: _____
Address: _____

Phone: _____

Name: _____
Title: _____
Address: _____

Phone: _____

Authorization

I hereby authorize Heart Butte School District No. 1 to inquire from any of my former and current employers and references regarding my background, employment, and performance to confirm the accuracy of the information I have provided in this application. I release and hold the District harmless from any liability arising from such inquiry. I understand that misrepresentation or omission of information requested is cause for-consideration of this application or for dismissal, and I affirm that the information provided in this application is complete and accurate.

Signature:

Date:

Heart Butte School

School District No. 1 - Pondera County

TUBERCULIN TESTING INFORMATION

To: All New Employees

The department of Health and Environmental Science's Administrative Rule 16.28.1005, as amended December 18, 1992, stipulated that "no public school may initially employ a person unless that person has proved the school, the cooperative, or the district to which the school belongs, with documentation of the results of a tuberculin skin test done within one year prior to initial employment along with the name of the tester and the date and type of test administered."

Verification of tuberculin testing is required unless you provide written medical evidence that you are a known tuberculin reactor or that you cannot, temporarily, for medical reasons, have a tuberculin test. If you are a known tuberculin reactor or cannot, for medical reasons, have a tuberculin test; please notify the administration or Human Resources Office. In either case, the District may not initially employ you without further medical documentation.

If the tuberculin skin test is negative, routine tuberculin testing is not required unless you have frequent or close exposure to a person with communicable pulmonary tuberculosis. If your skin test is significant or you have tested positive in the past, your name will be forwarded to City/County Health for further follow-up.

If a school employee is diagnosed as having communicable tuberculosis or being infected with tuberculosis, that person may not work in a school unless proper medical treatment is being followed and if communicable, until she/he is no longer communicable.

Employees are responsible for their individual medical verification. Arrangements can be made with the Community Health Nurses in Browning, 406-338-6191. Also at the Pondera Medical Center in Conrad, 406-271-3211 or Glacier Community Health Center in Cut Bank, 406-873-5670.

Phone (406) 338-2211
FAX (406) 338-2088

P. O. Box 259
Heart Butte, Montana 59448

