

Clinton School District

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."

APPLICATION PROCEDURE

Classified/Substitute Positions

A complete application must include the following documents:

- A cover letter.
 - A district application.
 - Any professional licenses or certifications.
-
- An application may be submitted in person, by mail, by fax or electronically. **Applications must be received by the final advertised deadline. Postmarks are not accepted.**
 - Photocopies may be submitted in place of an original application.
 - Applications and supporting materials will not be returned to the applicant.
 - Finalist candidates will be contacted by the district.
 - A federal background will be performed on ALL candidates. The Disclosure and Authorization to Release Information and Affirmative Action Information will be kept separate from the application during the screening process.

CLINTON SCHOOL DISTRICT #32



20397 East Mullan Road
PO Box 250
Clinton, MT 59825-0250



Date: _____

Position applying for: _____

Personal Information:

Name: _____
Last First Middle Initial

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Previous name(s) if applicable: _____

Education History

(Start with most recent)

University/College	Location	Field	Degree	Grad Year	GPA
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1. _____
2. _____
3. _____
4. _____

Other certifications/qualifications: _____

Employment History

DO NOT substitute a resume

Do you wish to be notified before we contact current or previous employers? Yes No

Please list employers starting with most recent. You may include volunteer and paid experience. You may attach additional information/documentation if needed.

Employer: _____	Position: _____
Phone: _____	Dates From: _____ To: _____
Address: _____	
Supervisor/Title: _____	
Reason for leaving: _____	Salary/Hrly pay: _____
Description of duties: _____	

Employer: _____	Position: _____
Phone: _____	Dates From: _____ To: _____
Address: _____	
Supervisor/Title: _____	
Reason for leaving: _____	Salary/Hrly pay: _____
Description of duties: _____	

Employment History

Continued – DO NOT substitute a resume

Employer: _____	Position: _____
Phone: _____	Dates From: _____ To: _____
Address: _____	
Supervisor/Title: _____	
Reason for leaving: _____	Salary/Hrly pay: _____
Description of duties: _____	

Employer: _____	Position: _____
Phone: _____	Dates From: _____ To: _____
Address: _____	
Supervisor/Title: _____	
Reason for leaving: _____	Salary/Hrly pay: _____
Description of duties: _____	

Additional Questions

1. Do you have a legal right to work in the United States? Yes No
2. Are you able, with or without reasonable accommodations, 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 date of discharge or resignation and reason for discharge or resignation: _____

4. Have you ever been subject to an investigation by the Department of Public Health and Human Services, or any other state agency, that resulted in a substantiated finding of child abuse or neglect?

If yes, please explain – include date of discharge or resignation and reason for discharge or resignation: _____

I hereby certify that (*check the applicable box and provide information requested*):

- I have not pled guilty to, been adjudicated 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 accepted.*)
- 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. (**NOTE:** *this may not disqualify a person from consideration for employment*)

Appendix C

Updated 9/9/2013

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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 notification¹ by Clinton School District #32, 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.²

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.³

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 <https://www.fbi.gov/services/cjis/identity-history-summary-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 DOJCRISS@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

¹ Written notification includes electronic notification but excludes oral notification.

² See 28 CFR 50.12(b).

³ 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 _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services in the Clinton School District #32, for the position of (please be specific) _____.

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.

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.

Your Name: _____
First Middle Maiden (if applicable) Last

Date of Birth: _____

Address (mailing and physical): _____

City State Zip

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 _____.

Signature of Applicant Date

References

Please list current information for at least three (3), no more than five (5) references

Name	Title	Personal phone	Work Phone
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		
4.	<hr/>		
5.	<hr/>		

EMPLOYMENT PREFERENCE FORM

NAME: _____ SOCIAL SECURITY #: _____

POSITION APPLYING FOR: _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing 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 applicants score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order over any nonpreferred applicant holding substantially equal qualifications.

2. To claim Veterans' Employment Preference, you must be a U.S. Citizen and:
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 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 un-remarried 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 a service-connected, permanent, and total disability.
2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unmarried widow of the father of the Veteran.

3. Check the attachment you have included to document the preference request.

_____ DD-214 _____ Other

Signature

Date

Authorization to Release Information

To Whom It May Concern:

I _____, am seeking employment with the **Clinton School District**. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the District. I hereby expressly, and voluntarily give, the 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 criminal justice information as defined in section 44-5-103(3), and 41-3-205(3)(0) MCA**, to the staff of the District and its agents. I understand that the 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 District and any organization, company, institution or person furnishing information to the District and its agents as expressly above, from any liability for damage which may result from any dissemination of the information requested above subject to the provision of Title 44, Chapter 5, Part 3, MCA.

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

PRINT FULL NAME: _____

PRINT FULL ADDRESS: _____
City, State, Zip

ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED: _____

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____ DATE: _____
Sign in presence of Notary Public

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20____, before me, a notary public of the State of Montana, personally appeared _____, know 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 THEREOF, I hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public signature: _____

State of: _____ County of: _____

My commission expires: _____

Equal Opportunity Employer

The Clinton 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.

Proof of Employability

Any applicant chose for employment must be able to produce a social security number, driver's license, passport or some other acceptable form of certification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice.

Drug Free/Tobacco Free Policies

The Clinton School District is drug and tobacco free 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.

Affirmative Action Information

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of its applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all of your other employment records. As required, by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Please complete the following information:

Date: _____

Sex: _____

Age: _____

Ethnic Group: _____

Position applying for: _____