

BAINVILLE SCHOOL

409 Tubman
 PO Box 177
 Bainville, MT 59212
 Certified Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
E-mail		Previous Name/s:	
Home Phone	Cell Phone		Work Phone
Date Available	Social Security No.		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever plead guilty or have been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been released or discharged from employment or resigned to avoid such release or discharge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain and include date

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list five professional references. Individuals listed should be other than those who have submitted written letters of reference.</i>	
Full Name	
Company	Relationship
Address	Phone ()

Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PROFESSIONAL EXPERIENCE	
<i>Total number of years you have served as:</i>	
A Teacher:	
A Coach:	
A Principal:	
A Superintendent:	
Other:	List Occupation:

PERSONAL DATA AND QUALIFICATIONS	
General Health:	A physical examination may be required before beginning work.
If you have any physical limitations which require any special environmental accommodations not ordinarily found in schools, please describe these:	

EQUAL OPPORTUNITY EMPLOYER
Each participating 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.

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.

APPLICATION PACKAGE INSTRUCTIONS	
Send:	Renee Rasmussen, Superintendent
Completed application	Brief cover letter
Three letters of Recommendation	Employment Preference Form
Application and Notice/Child Protection Act Form	
	PO Box 177
	409 Tubman
	Bainville, MT 59212

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
I understand that in filing this application that my work experience, character, and related information is subject to investigation to determine the desirability of my employment in the Bainville School District. This information will be kept confidential. I grant permission for such an investigation to be conducted. I also understand that any falsification of information given on this application will result in loss of employment.	
Signature	Date