

# Bonner School District No. 14

9045 Highway 200 East, PO Box 1004  
Bonner MT 59823  
Phone (406)258-6151 FAX (406)258-6153

## APPLICATION FORM (CLASSIFIED)

Please Type or Print

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_ If not, explain on page three.

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please list the position for which you are applying:** \_\_\_\_\_

State the reason for leaving your last position \_\_\_\_\_

Valid Montana Teaching Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other Special Licenses or Certificates: Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

What is your present salary? \_\_\_\_\_ Position: \_\_\_\_\_

List extra-curricular activities which you have coached/directed or have participated in (High School or College):

1. \_\_\_\_\_ Years \_\_\_\_\_ Coached? \_\_\_\_\_ Participated? \_\_\_\_\_

2. \_\_\_\_\_ Years \_\_\_\_\_ Coached? \_\_\_\_\_ Participated? \_\_\_\_\_

### EDUCATION

College/University/School – State	Dates Attended	Degree	GPA
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIST LAST THREE YEARS WORK HISTORY OR OTHER EXPERIENCE PERTAINING TO POSITION**

Employer	Dates	Position	Comments

**REFERENCES (your last supervisor first)**

Name	Location	Position	Phone

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a complete description of the circumstances involving the conviction (in extra space on page three).**

**ADDITIONAL BIOGRAPHICAL INFORMATION** – Please cite your accomplishments, special interests, special preparation or training, and any other information that you feel might be beneficial to us in our evaluation of you as a candidate.

I certify that all the information given on this application is true and complete.

\_\_\_\_\_  
Typed or printed name of applicant      Signature      Date

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EQUAL EMPLOYMENT OPPORTUNITY APPLICANT SURVEY

This information will not affect you as an applicant nor will it be placed in your personnel file. Providing this information is voluntary.

Age Group: 16-25 \_\_\_\_\_ 26-35 \_\_\_\_\_ 36-45 \_\_\_\_\_ 46+ \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

What Race/Ethnic Group do you consider yourself?

\_\_\_\_\_ Am. Indian      \_\_\_\_\_ Alaskan Native      \_\_\_\_\_ Asian or Pacific Islander      \_\_\_\_\_ Black      \_\_\_\_\_ Hispanic  
\_\_\_\_\_ White      \_\_\_\_\_ Other

Do you have a disability? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION,  
INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK**

5122F

To Whom It May Concern:

I, \_\_\_\_\_, am ( ) an employee of the District, am seeking ( ) employment, ( ) volunteer assignment, ( ) and/or approval to be selected as an on-call substitute with \_\_\_\_\_ School District (the District). I hereby expressly authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of the District and its agents. I will provide a set of fingerprints.

I  have  have not [*check one*] been convicted or adjudicated\* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledged that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check. \* *Adjudication – A passing of judgment of a court of law or a decision of a judge.*

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to provisions of Title 44, Chapter 5, Part 3, MCA.

**All statements and information provided within this application and attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or suspension from employment.**

This document is effective until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Print full name: \_\_\_\_\_

Print full address: \_\_\_\_\_

STREET CITY STATE ZIP  
Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STATE OF MONTANA )  
: ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public for the state of Montana, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed for the 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.

( S E A L )

\_\_\_\_\_  
\_\_\_\_\_  
[name]  
NOTARY PUBLIC for the state of Montana  
Residing at \_\_\_\_\_, Montana  
My commission expires: \_\_\_\_\_

# **DIRECTIONS FOR OBTAINING FINGERPRINTS**

For fingerprinting you will need to go to:

<p><b>Missoula Police Department</b>  <b>435 Ryman St</b>  <b>Missoula</b></p>	<b><u>OR</u></b>	<p><b>Missoula Co. Sheriff's Office</b>  <b>3<sup>rd</sup> Floor Courthouse</b>  <b>Missoula</b></p>
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Fingerprints are taken only on:

**Police Department:**  
**Tuesday and Wednesday**  
**between 1 – 4:30 p.m.**  
 Cost: \$20 cash for 2 cards

**Sheriff's Office:**  
**Tues., Weds., and Thurs.**  
**between 1-4 p.m.**  
 Cost: \$15 cash for 1 card  
 \$5 for additional cards

You must provide a Picture ID (Driver's License, Passport, etc.). Fingerprinting takes approximately 30 minutes. Both offices use the ink method.

**You must return the processed fingerprint card to the Bonner School administration office at 9045 Hwy 200 East for submittal to Helena. Background checks can take up to one month to process.**

**YOUR DATE OF RETURN MUST BE ON OR BEFORE \_\_\_\_\_.**

Name \_\_\_\_\_ I hereby acknowledge that I have  
 received the instructions for fingerprint processing. \_\_\_\_\_  
Initials Date



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**“Home of the Lumberjacks”**

It is a state requirement that all school employees have TB skin test results on file with our District.

PLEASE: Obtain TB skin test results (done within the past year) or other statement attesting to your disease-free state from your health care provider and provide to us.

**OR**

Have a TB skin test done at your health care provider, walk-in clinic, or Missoula City-County Health Dept, 301 Alder, 258-4745 (testing is done Mon, Tues or Fri. 9 am-4:30 pm, for \$20 fee), and provide the results to us.

This is a condition of employment with our District. Thank you.