

District Use Only

Date Completed Application Received _____

App. Ltr ___ Resume ___ Transcripts ___ Certificate ___ Plcmt File ___ Statement ___ Other ___

Background Check : Form received _____ Date requested _____ Date received _____

Hiring personnel review record – please initial and date when reviewed:

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____ Initial ___ Date _____

Target Range School District Application for Classified Employment

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 may result in refusal of or separation from employment.

Applicant Signature

Date

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Name: _____
Last First Middle Social Security Number

Address: _____
Street City State Zip Code

Previous Name/s: _____ Home Phone No: _____

_____ Other Phone No: _____

Specific position for which you are applying: _____

Other positions in which you are interested or for which you qualify: _____

Instructions and Information

Please complete all pages of the application fully and legibly. Furnishing information on the Application is mandatory, unless otherwise stated.

- *In addition to the completed and signed Application*, please provide the following additional information:
 1. A letter of application specifying the applied-for position
 2. Professional resume which includes any academic preparation, experience and other specifically related qualifications
- An application may be submitted in person, by mail, or by fax. Applications must be received by the final filing date. Postmarks are not accepted.
- Target Range School District requires that a final candidate be background checked as well as pay for their own background check.
- Finalist candidates will be contacted by the district.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you have the legal right to accept work in the United States? Yes____ No____
2. Are you able with or without reasonable accommodation 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. I hereby certify that (check the applicable box and provide the information requested):

_____ I have not pleaded guilty to or been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere (minor traffic offenses excepted).

_____ I have pleaded guilty to or been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment)

EMPLOYMENT RECORD

List your present or most recent employer first. Describe your employment history, accounting for all time during at least the past 15 years. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers?

Yes _____ No _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

EMPLOYMENT RECORD Continued

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

Employer: _____ Your job title: _____

Address: _____

Immediate supervisor and title: _____

Telephone: _____ Employment dates: From _____ To: _____

Job Duties (brief statement – be sure to list all duties related to this position):

Reason for leaving: _____ Salary: \$ _____

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 sex when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or sex 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 test within seven (7) days of employment.

Authorization to Release Employment Records

If employed by a participating 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

Each of the participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

Acknowledgment

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the above policies of employment. If employed by a participating school district, I agree to abide by these policies of employment.

Applicant

Date

AFFIRMATIVE ACTION INFORMATION

State law requires that employers keep records on the race and sex of 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.

Complete the following information and return it with your completed application to the applicable school district office/s.

Date: _____

Sex: Male _____ Female _____

Age: _____

Position applied for:

Ethnic group

Check one of the following:

- ALASKA NATIVE – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- AMERICAN INDIAN – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN AMERICAN – A person having origins in any of the original people of the Indian Subcontinent, the Pacific Islands, or the Far East; for example, China, Japan, Korea.
- BLACK – (not of Hispanic origin) – A person having origins in any of the Black racial groups of Africa.
- FILIPINO – A person having origins in any of the original peoples of the Philippine Islands.
- SPANISH AMERICAN – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE – (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North America, or the Middle East.

OTHER – Specify

VETERAN'S EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security Number: _____

Position Applied For: _____
Job Title Position No. Department Name

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.

Veterans' Employment Preference provides the addition of 5% points (veteran) or 10% points (disabled veteran) 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 non-preferred applicant holding substantially equal qualifications.

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 un-remarried 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 a service-connected, permanent, and total disability,
AND
- 2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the un-remarried widow of the father of the veteran.

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

DD-214

Other: _____

SIGNATURE: _____ **DATE SIGNED:** _____