



# EAST HELENA PUBLIC SCHOOLS

School District No. 9

P.O. Box 1280 \* East Helena, MT. 59635

Superintendent/ Administration Office (406) 227-7700  
Eastgate Elementary School (406) 227-7770 \* Prickly Pear Elementary (406) 227-7720  
Radley Elementary School (406) 227-7710 \* East Valley Middle School (406) 227-7740  
East Helena High School (406) 227-7730



*"Success For All"*

## EMPLOYMENT APPLICATION - CLASSIFIED PERSONNEL

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal law.

Board Policy 30:20.010

### Equal Opportunity Employment

It is the policy of the East Helena Public Schools to prohibit discrimination against any individual for reasons of race, creed, religion, color, national origin, age, marital status, sex, political affiliation, disability, and socio-economic conditions. The district shall follow state statutes with respect to discrimination in employment (49-2-303,307, and 310; 49-3-210 and 205, MCA).

**EMPLOYMENT PREFERENCE:** The veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an **Employment Preference Form**. This form is available at Central Office, 226 E. Clinton St., East Helena, MT.

**IMPORTANT:** Please type or print in ink. You must sign and date in ink each application you submit. **INCOMPLETE OR UNSIGNED** applications will not be considered.

**PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND:** (a) what attachments must be submitted; (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications. An application tailored to the position is to your advantage.

Mr., Mrs., Ms. \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

In accordance with the Montana Department of Health requirement 16:28.1005 A.R.M. you are required to provide documentation of the results of a tuberculin skin test done within the year prior to initial employment. Documentation must be provided to the school within two weeks of initial employment or employment will be suspended.

### **PLEASE INDICATE POSITION FOR WHICH YOU SEEK EMPLOYMENT - AS SPECIFIED ON THE JOB VACANCY ANNOUNCEMENT:**

\_\_\_\_\_

My signature below certifies that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date. **Employers may be contacted as references.**

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

**COMPLETED EDUCATION**

	<b>Name and Location Of School</b>	<b>Dates Attended (Optional)</b>	<b>Degree Date (Optional)</b>	<b>Credits Earned</b>	<b>Major Field</b>
High School					
College(s)					
Other Schools or Training Courses Which Help You Qualify				Title or Description of Course	

List current Professional Licenses, Registration, or Certifications (engineering, medical, CPA, CPR, etc.)

<b>Licensing Agency Name and Location</b>	<b>Type of License</b>	<b>Endorsement/Restriction (if applicable)</b>	<b>Date Licensed</b>

**Special skills:** Check the skills you possess. Specify speed/errors where requested.

\_\_\_\_ Typing \_\_\_\_ / \_\_\_\_    \_\_\_\_ Data Entry \_\_\_\_ / \_\_\_\_    \_\_\_\_ Ten-Key \_\_\_\_ / \_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Computer Programming Languages (specify) \_\_\_\_\_

\_\_\_\_ Computer Software \_\_\_\_\_

**Equipment:** List types of equipment you can operate and specify name or model you have used (e.g., word processor, computers, food service equipment, custodial equipment, etc.)

\_\_\_\_\_

\_\_\_\_\_

**To The Applicant:** After completing this application, please return it to the Office of Superintendent, East Helena Public Schools, Box 1280, East Helena, Montana 59635

**WORK EXPERIENCE:** (List ALL Employment Experience Including Military)

Current Employer: Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

Former Employers (Begin With Most Recent)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor	Job Title	Duties	From Mo. Yr.	To Mo. Yr.

NOTE:(1) You may add additional employers to this section on a separate sheet of paper if all questions are answered and the same format is used.

(2) Do you want to be informed before we contact your present employer: Yes \_\_\_ No

**PERSONAL REFERENCES:(OTHER THAN RELATIVES AND FORMER EMPLOYERS)**

Name	Address	City, State, Zip	Telephone

Do you need any accommodation in order to perform the duties of the job you are applying for which are set forth in the job description? If so, what is that accommodation?

\_\_\_\_\_

\_\_\_\_\_

Have you within the past seven years been convicted of, or pleaded to, any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs?\_\_\_\_\_If yes, explain nature of crime, place, and date. (Attach a separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you within the past seven years been convicted of, or pleaded to, any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion?\_ If yes, please explain nature of crime, place and date. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If required for this position (See Job Vacancy Announcement), do you have:

Valid driver’s license? \_ Yes \_ No Commercial driver’s License? \_ Yes No  
 If commercial, specify: Type\_\_\_\_\_Class\_\_\_\_\_ Hazardous Material\_\_\_\_\_Tank\_\_\_\_\_Airbrakes

When are you available for work?\_\_\_\_\_Do you desire full-time work? \_\_\_\_\_

Will you accept night work?\_\_\_\_\_Do you wish seasonal or permanent employment? \_\_\_\_\_

Are you interested in substitute employment? \_\_\_\_\_

**SPECIAL QUALIFICATIONS:**

What special work experience, training, or other qualifications do you have which you feel will make you successful in the job you are seeking? (Attach separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

# APPLICANT DISCLOSURE AFFIDAVIT

(Please Read Carefully)

The East Helena School District #9 screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination. It is understood that this information will remain confidential and will not be released without prior signed permission.

APPLICANT \_\_\_\_\_

(Please print complete name)

State law requires that East Helena School District #9 conduct a criminal background check on all persons employed who will be in contact with the children and youth it serves. State law allows this facility to conditionally employ persons pending receipt of the results of a criminal background check. However, persons conditionally employed are required to affirm that they have not been convicted of certain offenses, which are a bar to employment.

(A) A person for whom the East Helena School District is entitled to obtain criminal history record information may be denied employment in the District if the person has been convicted of an offense listed in this subsection:

- 1) Any felony
- 2) Rape or other sexual assault
- 3) Drug or alcohol related offenses
- 4) Abuse of a minor, whether physical or sexual
- 5) Incest
- 6) Kidnapping, false imprisonment, or abduction
- 7) Sexual Harassment
- 8) Sexual exploitation of a minor
- 9) Sexual conduct with a minor
- 10) Annoying/molesting a child
- 11) Lewdness and/or indecent exposure
- 12) Lewd and lascivious behavior
- 13) Obscene Literature
- 14) Assault, battery, or other offense involving a minor
- 15) Endangerment of a child
- 16) Any misdemeanor
- 17) Any offense classification involving a minor or to which a minor was a witness
- 18) Unfitness as a parent or custodian
- 19) Removing children from a state or concealing children in violation of a law or court order

**Please answer “Yes” or “No” to the following questions and provide a brief explanation of any “Yes” answers on a separate sheet of paper.**

(B) Have you, at any time (whether as an adult or juvenile):

- | <u>YES</u> | <u>NO</u> |   |
|------------|-----------|---|
| _____      | _____     | 1) Pled guilty to (whether or not resulting in conviction) any offense listed above in Subsection A, or any allegation, any conduct, matter, or thing (irrespective of the name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction) any of the offenses listed above in subsection (A) |
| _____      | _____     | 2) Pled nolo contendere or no contest to any of the offenses listed above in subsection (A)   |
| _____      | _____     | 3) Admitted to any of the offenses listed above in subsection (A)   |
| _____      | _____     | 4) Had any judgment or order rendered against you (whether by default or otherwise) to any of the offenses listed above above in subsection (A)   |
| _____      | _____     | 5) Been convicted of a crime involving child abuse, child neglect, moral turpitude or physical violence   |
| _____      | _____     | 6) Been named as a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Service Law   |
| _____      | _____     | 7) Evidenced drug or alcohol addiction determined or documented by a licensed physician   |
| _____      | _____     | 8) Entered into any settlement of an action or claim against you of any of the offenses listed above in subsection (A)  |
| _____      | _____     | 9) Had any restrictions or limitations placed on you regarding contact or visitation with children or minors  |
| _____      | _____     | 10) Had any license, certificate, or employment suspended, revoked, terminated, or otherwise adversely affected because of any of the offenses listed above in subsection (A)   |
| _____      | _____     | 11) Suffered any serious mental illness which might create a risk to those served by the East Helena School District as determined by and documented by a licensed physician or licensed psychologist   |
| _____      | _____     | 12) Resigned under threat of termination of employment or volunteer work for any reason   |
| _____      | _____     | 13) Do you have any pending criminal arrests and/or charges   |

**EMPLOYEE AFFIDAVIT**

I have read this document and have been given an opportunity to ask any questions about any part that I do not understand. I hereby affirm that I have no convictions of an offense listed above which would bar employment and acknowledge that a criminal background check will be conducted. I further understand that other offenses are a potential bar to employment under state law and/or the employment policies of the East Helena School District and that my statement in this affidavit in no way limits my disclosure of other criminal offenses as required by the employment application. I also understand that any incomplete information, or misrepresentation, including by omission, on this form or on the East Helena School District employment application may be considered grounds for immediate termination.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

### APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the School District No. 9 to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in school government.

Because this sheet is separated from your application, please give us your name, address and phone number again. East Helena School District has a Human Resource System that automates recruitment information. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

**Have you applied for a School District job before?**  Yes  No  
**Are you a current or past School District employee?**  Yes  No

Name \_\_\_\_\_  
First    Middle    Last

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-Mail \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Other Phone Number \_\_\_\_\_ Type \_\_\_\_\_

**Job Applied For:** Job Title \_\_\_\_\_ Location \_\_\_\_\_

**Highest Education Level** – Please X the **one** box that best describes your highest education level.  
 Less than High School  Some College  Some Graduate  Post-Doctorate  
 High School Graduate or Equivalent  2 years of College Degree  Master’s Level Degree  
 Technical School  Bachelor’s Level Degree  Doctorate

**REFERRAL SOURCE**– How did you **FIRST** learn of this position?

Newspaper  Agency Contact (specify below)  Job Service  
 Internet Listing  Phone Inquiry  School or Former School Employee  
 Career/Job Fair  Written Inquiry  College Recruitment  
 Open House  Posted in Agency Building  Other  
 Walk-In

**AGE 18 OR OLDER**  Yes  No **FEMALE**  **MALE**

**SOCIAL SECURITY NO.** This is voluntary and asked for in order to keep your records separate from others who may have the same name. \_\_\_\_\_

**ETHNIC GROUP** – Please X the **one** box that best describes your ethnicity.  
 **AMERICAN INDIAN or ALASKAN NATIVE**  
 **ASIAN or PACIFIC ISLANDER**  
 **BLACK** (Not of Hispanic origin)  
 **SPANISH** (Hispanic)  
 **WHITE** (Not of Hispanic origin)

**MILITARY STATUS** – Please X the one box that best describes your military status.  
 No Military Service  Active Reserves  Inactive Reserve  Retired  Other Veteran

**DISABLED VETERAN**  YES  NO