



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"



Substitutes

Please initial that you have received the following forms:

Form Returned

_____ Employment Application	_____
_____ Application Disclosure Affidavit	_____
_____ Applicant Survey	_____
_____ Substitute Teaching Application	_____
_____ Teachers' Retirement System (TRS) Form	_____
_____ New Employee Questionnaire	_____
_____ Measles Immunization	_____
_____ Substitute Emergency Information Sheet	_____
_____ New Hire Reporting Form	_____
_____ Staff Acceptable Use Policy for Computer/lpad	_____
_____ Substitute Teacher Duties	n/a
_____ Employee Safety Handbook	n/a

For Office Use Only

Background Check Form	_____
W-4 (for tax deductions)	_____
I-9 Form (with 2 forms of I.D.)	_____
Teaching Certificate	_____
Three hours of Frontline training	_____

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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).

FOR DISTRICT USE ONLY

Interviewed _____ by: _____

Date: _____

Rejection Letter _____ Sent: _____

Step: _____ Hours _____ Salary _____

Date of Hire: _____

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

	Name and Location Of School	Dates Attended (Optional)	Degree Date (Optional)	Credits Earned	Major Field
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.)

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

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):

YES	NO	
_____	_____	1) Pleased 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) Pleased 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

SUBSTITUTE TEACHING APPLICATION FORM

This form is intended for those interested in being on the substitute list.

School District No. 9 adheres to the principles of Equal Employment Opportunity and Affirmative Action in its personnel practices which prohibit discrimination against applicants with respect to race, religion sex, color, handicap, or national origin.

Name _____

Address _____

Phone Number _____

Email Address _____

Type of Substitute Position Desire: Pre-K K 1 2 3 4 5 6 7 8 9 10 11

TEACHER

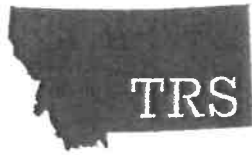
INSTRUCTIONAL TUTOR

PARAPROFESSIONAL

Please check the following areas of interest for subbing:

Art _____	Math _____	Science _____	English _____
Music/Band _____	Shop _____	Social Studies _____	Library _____
P.E./Health _____	Computers _____	Spanish/French _____	Culinary _____

AVAILABILITY _____



Montana Teachers' Retirement System

Congratulations on your new position!

In public school districts, community colleges, and certain State agencies in the state of Montana, all persons whose job duties are primarily educational/instructional in nature¹ must participate in the Teachers' Retirement System (TRS) beginning with their first day² of employment.

What is TRS?

The Montana Legislature established TRS as a Defined Benefit pension plan in 1937. In a Defined Benefit pension plan, both you and your employer contribute to the system. Your *member* contributions are kept in your TRS member account, where they earn interest each month.

When you have accrued at least five years of *creditable service* with TRS, you will be a "vested" member, which means you are eligible for a future retirement benefit. The best part? Defined Benefit pensions pay retirees a monthly benefit *for life*, no matter how long they live!



We encourage you to watch our **TRS 101: Retirement System Basics** presentation. You can find a link in the "Active Member" section of our website: trs.mt.gov

What happens next?

1. First, your employer will deduct the required amount of member contributions from your pay and will remit them to TRS.
 - If you have questions about the amount or the timing of those contributions, you should check with your employer.
2. After your employer has remitted your first monthly contributions to TRS, we will mail a Welcome letter to your home address.
 - The letter will explain how to set up a secure "My TRS" online account and it will ask you to designate at least one beneficiary online. (This step can't be done until TRS has received your first monthly contributions from your employer.)

In the meantime, we hope you enjoy your new position. If you have specific questions about TRS, please call our office in Helena at (406) 444-3134 or (866) 600-4045.

¹ The TRS Fact Sheet, **Which Positions are Reportable to TRS?** provides more detailed information about participation requirements. Fact Sheets can be found on the TRS website: trs.mt.gov.

² If you are a new **substitute teacher or part-time teachers' aide / paraprofessional** who (a) is not already a member of TRS and (b) is likely to work *less than 210 hours* in a fiscal year, you may elect *not* to participate in TRS on your first day of employment. To learn about your options, read the TRS Fact Sheet **Substitute Teaching**, available at trs.mt.gov.



Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

FORM 106: MEMBERSHIP ELECTION – SUBSTITUTE TEACHER or PART-TIME TEACHERS' AIDE/PARAPROFESSIONAL

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.
PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

NEW EMPLOYEE INFORMATION

Full Name: First	Middle	Last	Suffix (Jr., Sr., etc.)	XXX - XX - Last 4 Digits of SSN
Maiden or Other Name Previously Reported to TRS			Birth Date (mm/dd/yyyy)	() Telephone Number
Mailing Address: Street or P.O. Box		City	State	ZIP Code (use Zip+4 if known)

– INSTRUCTIONS FOR EMPLOYER –

This membership election is to be completed by a new substitute teacher or part-time teacher's aide/paraprofessional who:

- is **not** already a member or retiree of the Montana Teachers' Retirement System, and
- is **not** currently a Montana University System Retirement Plan (MUSRP) participant (TIAA).

Active or inactive TRS members who have contributions on account with TRS, and retired members who receive monthly benefits from TRS, **must be reported** from their first day of employment, even if they are expected to provide fewer than 210 hours (30 days) of service during the school year.

Substitute teachers and part-time teacher's aides/paraprofessionals who are not TRS members or retirees may elect either to become members of TRS on their first day of service or to postpone membership in TRS until they have provided 210 hours (30 days) of service in a single fiscal year (school year). *Note: If the employee provides service to more than one TRS employer, all hours of service provided for all TRS employers count toward the 210-hour threshold.*

IMPORTANT: The employer should **permanently retain this completed form** as proof of the employee's election. If a substitute teacher or part-time teacher's aide/paraprofessional should become vested in TRS and wants to purchase service for the initial 210 hours, the employer may be required to pay the employee's contributions if it cannot be shown that the employee voluntarily elected *not* to participate in TRS for that time period [19-20-302(4)(d), MCA].

EMPLOYEE QUESTIONNAIRE AND MEMBERSHIP ELECTION

For more information, please read the TRS Fact Sheet *Substitute Teaching* available at: trs.mt.gov/trsinfo/factsheets

(A) Are any of these statements true? *If you mark any box in (A), sign and date this form below. Do not complete (B).*

- ☐ I am an active or inactive TRS member with contributions on account with TRS.
- ☐ I am a retired member of TRS receiving a monthly benefit.
- ☐ I am an active MUSRP / TIAA member who will work *concurrently* for a unit of the Montana University System (MUS) and one or more TRS employers.

(B) If **none** of the statements in (A) apply, make a TRS membership election by initialing *one* box and signing below.

☐ I elect to participate as a member of TRS beginning with my **first day** of service. I understand that my employer must begin deducting contributions from my pay and must remit them to TRS on my behalf.
(Initial)

☐ I elect **not** to become a member of TRS until I have completed 210 hours (30 days) of service for one or more TRS employers in a school year, at which time membership will be mandatory. I understand I will not begin accruing creditable service with TRS until I reach the 210-hour threshold and become a member.
(Initial)

SIGN AND RETURN
THIS FORM TO
YOUR EMPLOYER ►

Signature

Date



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"Success For All"



New Employee Questionnaire

Last Name	First	Middle Initial	Social Security Number

Are you currently being reported to the Montana Teachers' Retirement System (TRS)?	Yes	No
If Yes, please indicate you current employer:		
Are you receiving a monthly retirement benefit from the Montana Teachers' Retirement System (TRS)?	Yes	No
*If you are receiving monthly benefits from TRS, you are limited to a part-time employment and in the amount you may earn and still receive your monthly benefit. Please contact TRS to confirm the amount you may earn.		
Are you currently being reported to the Public Employees Retirement System (PERS)?	Yes	No
If Yes, please indicate your current employer:		
Are you receiving a monthly retirement benefit from the Public Employees Retirement System (PERS)?	Yes	No
*If you are receiving monthly benefits from PERS, you are limited to a part-time employment and in the amount you may earn and still receive your monthly benefit. Please contact PERS to confirm the amount you may earn.		

Signature	Date



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"Success For All"



TO: All New School District Employees

From: Dan Rispens, Superintendent
Kaylee May, District Nurse

RE: Measles Immunization

The School District has been advised by the Lewis & Clark County Health Department that they are taking the measles outbreak very seriously. The School District has been advised that by State Law, MCA 50-2-118, the County has the authority to send employees in the School District home who do not have documentation that they are immune to measles at the first appearance of the disease. Not only would this be a financial hardship on employees, but it will create an unmanageable situation for our 1700 + students. As a result, all employees must provide verification of their individual test results signed by a medical professional within 7 days of employment. This verification will be placed in the personnel file of the employees. Employees are responsible for their individual medical verification.

If you have any questions or concerns, please contact the Central Office at 406-227-7700 or our District Nurse

SUBSTITUTE EMPLOYEE EMERGENCY INFORMATION FORM

Employee's
Name _____

Street
Address _____

P.O. Box _____

City _____

ZIP _____

Home Phone _____

Birthdate _____

Male/Female _____

Emergency
Contact _____

Relationship _____

Home
Phone _____

Work Phone _____

Emergency
Contact _____

Relationship _____

Home
Phone _____

Work Phone _____

Emergency
Contact _____

Relationship _____

Home
Phone _____

Work Phone _____

Emergency Transport for Serious Injury: YES _____
VETERAN YES _____

NO _____
NO _____

HEALTH HISTORY

Please indicate if you have the following conditions:

Epilepsy _____

Diabetes _____

Hearing Loss _____

Visual Problems _____

Asthma _____

Inhaler _____

Allergies _____

Specify: _____

Heart Condition _____

Prothesis (i.e. Contacts, Dentures, etc.) Please specify: _____

Other Pertinent Medical Conditions _____

Physical restrictions or other medical problems that may require special consideration, special diet or food restrictions, daily medications, etc.

Physician's Name _____

Physician's Phone Number _____

Montana New Hire Reporting Form

<https://dphhs.mt.gov/CSED>

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: 81-6000562
Business Name: East Helena Public Schools
Mailing Address: P O Box 1280
Address Line 2: 226 E. Clinton Street
City: East Helena State: MT Zip Code: 59635
Business Phone: 406-227-7700 Ext. Fax Number: 406-227-5534
Email Address (optional)

If the above business address is new, please mark this box ☐

EMPLOYEE SECTION – REQUIRED INFORMATION

❖ If your company address is outside of the United States, report online.

❖ If the individual *does not have a Montana address*, report online.

Social Security Number: Date of Hire:
Last Name: First Name: MI:
Mailing Address:
Address Line 2
City: State: Zip Code:
Home Address:
Address Line 2:
City: State: Zip Code:

Optional Employee Information

Home Phone: Date of Birth:
Work Phone: State of Hire:
Is Health Insurance Available: ☐ Yes ☐ No
Date Health Insurance Is Available:

Want the convenience of reporting your new hires online?

Go to: <https://dphhs.mt.gov/CSED/employerinfo/newhirereporting>

New Hire Reporting Helpline: 1-888-866-0327 or 406-444-9290

Fax to: 1-888-272-1990 / Local Fax: 406-444-0745

Or Mail To: Montana New Hire Reporting

**PO Box 8013
Helena, MT 59604-8013**

(REV 12/2017)

Acceptable Use Policy for Network Access & Equipment Use

The information systems and Internet access available through EHPS are available to support learning, enhance instruction, and support system business practices.

EHPS information systems are operated for the mutual benefit of all users. The use of the EHPS equipment and its Network is a privilege, not a right. Users should not do, or attempt to do, anything that might disrupt the operation of the network or equipment and/or interfere with the learning of other students or work of other EHPS employees. The EHPS Network is connected to the Internet, and network of networks, which enables people to interact with hundreds of thousands of networks and computers. All access to the EHPS Network shall be pre-approved by the principal or technology coordinator. The school or office may restrict or terminate any user's access, without prior notice, if such action is deemed necessary to maintain computing availability and security for other users of the systems. Additional information can be found in Children's Online Privacy Protection Act (COPPA), Children's Internet Protection Act (CIPA) as well as references stated in EHPS Board Policy 3095 for students and 5090 for staff.

Respect for Others

Users should respect the rights of others using the EHPS Network by:

- Using assigned equipment as directed.
- Being considerate when using scarce resources.
- Always logging off equipment and closing apps after finishing work.
- Not deliberately attempting to disrupt system performance or interfere with the work of other users.
- Leaving equipment and room in good condition for the next user or class.

Ethical Conduct for Users

Accounts on the EHPS Network, both school-based and central, are considered private, although absolute security of any data cannot be guaranteed. It is the responsibility of the user to:

- Use only his or her account or password. It is a violation to give access to an account to any other user.
- Recognize and honor the intellectual property of others; comply with legal restrictions regarding plagiarism and the use and citation of information resources.
- Not read, modify, or remove files owned by other users.
- Restrict the use of the EHPS Network and resources to the mission or function of the school system. The EHPS Network is not intended for personal use or private gain.
- Help maintain the integrity of the school information system. Deliberate tampering or experimentation is not allowed, which includes the use of EHPS Network and resources to illicitly access, tamper with, or experiment with systems outside EHPS.

Respect for Property

The only software, other than student' projects, to be used on school computers or the school network are those products that the school may legally use. Copying copyrighted software without full compliance with terms of a pre-authorized licensing agreement is a serious federal

offense and will not be tolerated. Modifying any copyrighted software or borrowing software in not permitted.

- Do not download or install software applications without permission.
- Do not modify or rearrange keyboards, individual key caps, monitors, printers, or any other peripheral equipment.
- Report equipment problems immediately to teacher or technology coordinator.
- Leave equipment and peripherals in their designated places.
- Do not use offensive, obscene, or harassing language when using any EHPS Network system. Information may not be posted if it: violates the privacy of others, jeopardizes the health and safety of students, is obscene or libelous, causes disruption of school activities, plagiarizes the work of others, is a commercial advertisement, or is not approved by the principals or technology coordinator.
- Users will not change or delete files belonging to others.
- Students are not to reveal personal information (last name, home address, phone number) in correspondence with unknown parties.
- Users exercising their privilege to use the Internet, as an educational resource shall accept the responsibility for all material they receive.
- Users are prohibited from accessing portions of the Internet that do not promote the instructional mission of EHPS.
- All student-produced web pages are subject to approval and ongoing review by the responsible teacher and/or principal. All web pages should reflect the mission and character of the school.

Parents must be vigilant in teaming with the district to monitor and educate students of the potential dangers of inappropriate uses of electronic media. The District assumes no responsibility for inappropriate actions taken by a student.

I, _____ (User's Name) understand that access to the EHPS network is designed for educational purposes but will also allow my access to external computer databases, networks, etc. that are not controlled by EHPS. I also Understand that some materials available through these external sources may be inappropriate and objectionable; however, I acknowledge that it is impossible for EHPS to screen or review all of the materials available through these sources. I agree to adhere and convey standards for appropriate and acceptable use when using the EHPS Network or any other electronic media or communications associated with EHPS.

_____	_____	_____
Date	User's Name (Please Print)	User's Signature

I agree that I will exclusively use any district issued device and refrain from allowing others, in particular students, to have access to it.

Initials

SUBSTITUTE TEACHER DUTIES

1. Full day hours are:
7:50-3:30 – Teachers
8:10-3:35 – EHHS Teachers
7:45-3:30 - Instructional Tutors
Paraprofessional schedules will vary. Please check the specific times listed in Frontline. Lunches will vary. Please check with the school.
2. Half-day duty times will vary. Please check the specific times listed in Frontline.
3. Please check in and out of the building through the main office.
4. **Don't forget to fill out your timesheet every time you sub!** Timesheets are generally located in the office. Please make sure to put the hours in the appropriate column. If you worked as a para, they go under the para column. If you worked as a teacher or instructional tutor, they go under the teacher column. If possible, please mark under explanation whom you subbed for. Also, please remember to only write down the hours you worked. (You will need to subtract your lunch time from the total number of hours worked.)
5. After looking over the teacher's lesson plans, any questions you have should be directed to the office staff or one of the other grade level teachers or cohorts. For paraprofessionals, please check with the Sped Teacher.
6. Make sure to follow the lesson plans/notes as closely as possible.
7. Leave the teacher/instructional tutor/paraprofessional a note regarding the events of the day. Please include the lessons covered, discipline problems or other important information from the day.
8. In the elementary grades, you must escort the students to all of their specialty classes (PE, music, recess, lunch and to the buses at the end of the day.) At this time, because of Covid, you will be serving lunch to the students in the room. Please check with the teacher's cohorts or the office on how to do this, if there aren't any notes.
9. Do not dismiss students before the bell!
10. We hope your day is enjoyable and we encourage you to visit with the principal or office staff if you have any questions or concerns about your day.
11. You will receive an email after your assignment asking you to leave feedback. We encourage you to fill this quick 5 question survey out. Anything 2 stars or less will be emailed to the administration for review.

EAST HELENA PUBLIC SCHOOLS

**EMPLOYEE
SAFETY
HANDBOOK**

Revised August, 2018

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East Helena Public Schools

EMPLOYEE SAFETY PROGRAM

In compliance with state law the district has established an education based program that includes:

- 1) An employee/employer safety committee
- 2) Assigned safety responsibilities and accountability
- 3) A safety training program
- 4) Procedures for investigating and reporting work related accidents/injuries/illness
- 5) Periodic hazard assessment
- 6) Documentation of performance of the activities

RESPONSIBILITIES AND ACCOUNTABILITY

The importance of safety of the employees, students and visitors in the district is of paramount importance. Employees are responsible to assist the employer in ensuring this safety by:

- (1) Assessing and controlling hazards
- (2) Participating in safety training and awareness of safety issues
- (3) Communication between employees and employer regarding safety issues
- (4) Following safety rules, policies and procedures
- (5) Inspecting the workplace on a regular basis
- (6) Keeping job specific training current
- (7) Maintaining a safety culture in the workplace
- (8) Reviewing incidents of workplace accidents, injuries and illness
- (10) Providing insight into prevention and safety precautions.

Supervisors and administrators are responsible for:

- (1) Safety orientation of all new employees
- (2) Annual review of safety training for all employees
- (3) Assuring compliance of the provisions of the safety program in their supervisory area or school
- (4) Documenting compliance with the provisions of the safety program.

All district employees are responsible for:

- (1) Compliance with the provisions of the safety program (Employee Safety Responsibilities, attached)
- (2) Reporting all safety concerns and hazards.

SAFETY TRAINING PROGRAM

The safety training program includes:

- (1) Safety orientation for all new employees at the time of employment (attached Employee Safety Responsibilities & Orientation Form)
- (2) Annual safety orientation for all employees at the beginning of each school year.
- (3) Ongoing safety education for all district personnel.

WORK RELATED ACCIDENTS / INJURIES / ILLNESS

The primary purpose of accident/injury investigation is the prevention of future accidents/injuries. An Accident Report Form and an Injury Report (attached) will be completed for any injury and illness that is job related.

Accident Reports and/or Injury Reports will be filed with the supervisor who will forward the original to the Central Office. Copies will remain on file in the Central Office.

All injuries will be investigated by the immediate supervisor within 24 hours of the injury and an Accident or Injury Report completed and filed. Further documentation may be required for satisfying Workman's Compensation Rules.

HAZARD ASSESSMENT

Hazards should be detected and eliminated prior to accidents occurring. All personnel are responsible for self inspection of the premises and the equipment where they work.

Supervisors and administrators should regularly inspect for hazards in the course of their normal duties.

Some work areas (i.e., transportation) may require inspections on a regular or daily basis.

Any hazards noted must be reported in writing to a supervisor and the supervisor is responsible for documenting the correction of the hazard.

Supervisors will schedule an inspection of an area(s) at least annually.

DOCUMENTATION

The Safety Committee will annually review all documentation relating to the Employee Safety Program.

A copy of the Employee Safety Responsibilities & Orientation Form will be signed by the employee and supervisor, and kept in the employee personnel file.

Material Safety Data Sheets (MSDS)

Chemical manufacturers and importers are required to supply a material safety data sheet for each hazardous chemical they produce or import. Distributors are responsible for ensuring that their customers are provided a copy of these MSDSs. Employers must have an MSDS for each hazardous chemical which they use. Employers rely on the information received from their suppliers so they can provide timely information to employees.

There is no specific format for the MSDS under the rule, although there are specific information requirements. OSHA has developed a non-mandatory format, OSHA Form 174, which may be used by chemical manufacturers and importers to comply with the rule. The MSDS must be in English. We are entitled to receive from our supplier a data sheet which includes all of the information required under the rule. If you have questions about whether a chemical requires a MSDS you should speak to your supervisor, and if one does not exist they should request one from the supplier. If you receive one that is obviously inadequate, with, for example, blank spaces that are not completed, you should also request an appropriately completed one.

Under the rule, the role of MSDSs is to provide detailed information on each hazardous chemical, including its potential hazardous effects, its physical and chemical characteristics, and recommendations for appropriate protective measures. This information should be useful to the employer responsible for designing protective programs, as well as to the employees/workers. If you are not familiar with material safety data sheets and with chemical terminology, you may need to learn to use them. Each building supervisor has access to on-line training videos that can help you understand them. Generally speaking, your employer is interested in notifying staff that may use identified chemicals and hazardous chemicals that MSDS information regarding the proper use and handling of these chemicals and their hazardous effects and recommended protective measures is readily accessible for insuring your safety. Staff are asked to focus on the sections of the MSDS that are applicable to your situation and to familiar with the location of the information in your work area.

MSDSs are readily accessible to employees when they are in their work areas during their work shifts. In the East Helena School District the MSDSs are kept in a binder in a binder in a central location in key work areas. Supervisors will inform staff of the generally accessible location of the MSDSs annually during orientation and training. Employees have full access to the MSDSs themselves at all times and should direct questions or requests for additional information from their supervisor.

East Helena Public Schools in order to ensure that you have current MSDSs will:

- Designate supervisors or other appropriate person(s) to be responsible for obtaining and maintaining the MSDSs;
- Designate specific MSDS binders for the sheets to be maintained in in the workplace and how employees can obtain access to them when they are in their work area during the workshift;
- Designate procedures to follow when the MSDS is not received at the time of the first shipment;
- Update sheets and procedures to the MSDS when new and significant health information is found; and,
- Provide descriptions of alternatives to actual data sheets in the workplace, if in the unusual case of this necessity.

East Helena Public Schools has designated the Maintenance and Transportation Supervisor as well as the Food Service Supervisor to obtain and maintain using hazardous chemicals, the MSDSs for every hazardous chemical in all the appropriate locations accessible to employees in the workplace. The list of hazardous chemicals required to be maintained as part of the written program will serve as an inventory. As new chemicals are purchased, the list will be updated. Supervisors may find it convenient to include on their purchase order the name and address of the person designated in the School District to receive MSDSs.

Bloodborne Pathogens Standard

The following model for an Exposure Control Plan includes all elements required by the OSHA bloodborne pathogens standard (29 CFR 1910.1030). The intent of this model is to provide employers with an easy-to-use format that may be used as a template to develop a written exposure control plan tailored to the individual requirements of their establishments.

East Helena Public Schools Exposure Control Plan

The East Helena School District is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the annual staff training for Bloodborne Pathogens conducted each fall at the beginning of the school year. Staff are also required to review the entire PowerPoint Presentation located on the EHPS District Website located at: Additional information is also available upon request.

PROGRAM ADMINISTRATION

■ The East Helena Public Schools District Nurse in cooperation with the Superintendent is responsible for implementation of the ECP. The District Nurse will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The District School Nurse may be contacted by calling the Building Secretary at any of the three school locations:

Eastgate Elementary School	4010 Gradestake	Phone number: (406) 227-7770
Prickly Pear Elementary	2520 Valley Drive	Phone number (406) 227-7720
Radley Elementary School	226 Clinton Street	Phone number: (406) 227-7710
East Valley Middle School	401 Kalispell Street	Phone number: (406) 227-7740
Office of the Superintendent	226 Clinton Street	Phone number: (406) 227-7700

■ Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

■ The District Nurse does provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The District Nurse ensures that adequate supplies of the aforementioned equipment are available in the appropriate sizes for staff and students as appropriate. For additional information feel free to contact the District School Nurse at any of the schools offices (see phone numbers and locations above).

East Helena Public Schools

EMPLOYEE SAFETY RESPONSIBILITIES & ORIENTATION FORM

EMPLOYEES NAME:

POSITION:

DATE HIRED:

Check One: ☐ Current Employee ☐ New Employee ☐ Substitute
☐ Volunteer ☐ Temporary

As an employee of school district #9, I am responsible to:

1. Observe all safety and health rules and apply the principles of accident prevention in my daytoday duties.
2. Report any job related injury, illness or property damage to my supervisor and seek treatment promptly.
3. Report hazardous conditions (unsafe equipment, floors, material) and unsafe acts to my supervisor promptly.
4. Observe all hazard warning and the district-wide tobacco free status.
5. Keep aisles, walkways and working areas clear of slipping/tripping hazards.
6. Know the location of fire/safety exits and evacuation procedures.
7. Keep all emergency equipment such as fire extinguisher, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
8. To always report to work free of the influence of alcoholic beverages or drugs and to never consume them while on district premises.
9. Refrain from fighting, horseplay, or distracting my fellow workers.
10. Observe safe operating procedures for all equipment I am authorized to operate.
11. Follow proper lifting procedures at all times.
12. Ride as a passenger on a vehicle only if it is equipped with a rider's seat.
13. Be alert to see that all guards and other protective devices are in their proper places prior to operating equipment.
14. Not wear frayed, torn or loose clothing, jewelry, or long unrestrained hair near moving machinery or other sources of entanglement, or around electrical equipment.
15. Actively support and participate in the district's efforts to provide a safety and health program.

**Continued on following pages

ORIENTATION GUIDELINES

1. Purpose of orientation – To familiarize staff with the necessity of performing their duties as safely as possible in the schools and promoting a culture of safety.
2. Reporting accidents to supervisor immediately – use attached Accident or Injury Form – forms must be forwarded to the District Clerk in the Central Office.
3. Tour of facilities and equipment
4. First Aid (see Protocol for handling injuries on next page)
 - A. Locating assistance, treatment & staff trained in first aid
 - B. Location of facilities
 - C. Filing an accident / injury report
5. Potential hazards on the job – (developed by individual departments);
 - A. What they are – Seek additional information in each school building
 - B. How to use equipment safely
 - C. Care and use of personal protective equipment
6. What to do in the event of an emergency;
 - A. Exit locations and evacuation routes
 - B. Use of firefighting equipment (extinguisher)
 - C. Crisis Procedure Manual
7. The total safety program;
 - A. Employee Safety Responsibilities are clearly outlined & attached
 - B. Health and Safety policies and procedures as outlined in Board Policy
8. Personal work habits;
 - A. Proper lifting techniques
 - B. Horseplay, good housekeeping, no tobacco policy
 - C. Safe work procedure
9. Vehicle safety (when applicable);

We have discussed the items checked above.

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE EMPLOYEE RESPONSIBILITIES FORM, THAT MY RESPONSIBILITIES WERE EXPLAINED TO ME AND THAT I WILL CONSCIOUSLY TRY TO PERFORM MY ASSIGNED DUTIES SAFELY.

Employee's Signature

Date

Supervisor/Trainer's Signature

Date

PROTOCOL FOR HANDLING INJURIES

- A. Field responsibilities on the playground or grounds:
1. Remain calm!!!
 2. Do an assessment of the situation
 - a) Is the scene safe for the victim and yourself?
 - b) What is the nature of the injury? Major or Minor
 - c) Perform any appropriate first aid. If blood or bodily fluids are present, use gloves and take the necessary precautions.
 3. Determine if the student can be moved into the school.
 - a) For possible broken bones, spinal injuries or if the student is unconscious, do not move them, send a student to the office or nurse for help.
 - b) Keep the victim calm and quiet
 - c) Move the other students away from the scene.
4. If the child can be moved, bring the child to the sick room and turn them over to the office staff. Provide the office staff with any pertinent information you can concerning the accident. Return to your Post! You may be called in later to fill out an accident report.
- B. Office/sickroom procedures
1. Try to determine the nature of the injury to the best of your ability. Minor and major injuries have slightly different procedures.
 2. Minor injuries (ie scratches, scrapes, minor bumps and bloody noses.)
 - a) Administer first aid as needed.
 - b) If blood or bodily fluids are present, use gloves and take the necessary precautions.
 - c) Note-Document
 1. Student's name
 2. Date and time of the injury
 3. First Aid rendered
 3. Serious injuries – head injuries, spinal injuries, severe broken bones or unconscious victims.
 - a) For unconscious students or obvious serious/life threatening injuries call 911. (Document time and other essential information)
 - b) Notify the school nurse – document time
 - c) Notify the parents – document time
 4. For non-life threatening injuries – Breaks, etc.
 - a) Follow recognized first aid procedures
 - b) Contact school nurse
 - c) Observe student and note pertinent information
 - d) Note – for the accident report
 1. Student's name
 2. Date and time of injury
 3. Symptoms noted – other information
 4. First Aid rendered
 - e) Contact parent or guardian
 1. Note time of contact or the attempts to notify if no contact is made.
 2. The person contacted

East Helena Public Schools

EMPLOYEE ACCIDENT/INJURY REPORT

Name of Staff Member _____ School _____ Date _____
Address _____ Phone _____
Time of & Date of Accident: _____

Where Accident Occurred (Check all that apply)

- ☐ On District property ☐ Off Site Address _____
☐ in classroom ☐ in hall ☐ in lavatory ☐ on playground
☐ on sidewalk near school ☐ on street near school
☐ other _____

Body Regions Injured: ☐ head ☐ arm ☐ leg ☐ other _____

Description of Accident & Cause:

For additional space, use back of page to complete report

Witnesses to Accident: (1) _____ (2) _____
(3) _____ (4) _____

Immediate Impressions: ☐ minor ☐ Not too serious ☐ serious ☐ very serious

What was Done:

1. First Aid ☐ bandage ☐ splint ☐ sling ☐ stretcher ☐
pressure bandage ☐ other _____
By whom: ☐ Nurse ☐ Secretary ☐ principal ☐ other _____
3. Disposition ☐ went home ☐ went to doctor's office ☐ went to hospital
☐ other _____
4. Emergency Contact Notified: ☐ Yes ☐ No

Physician's Name _____ Phone # _____

Staff Signature _____ Date: _____

Supervisor/Principal Signature _____ Date: _____

Copies to: Superintendent
Principal
Food/Maintenance Supervisor, Activities Director (When Applicable)

East Helena Public Schools

STUDENT SERIOUS INJURY REPORT

Name of Injured Person: _____

Parent/Guardian Name: _____

School: _____ Homeroom & Grade: _____ Date of Birth: _____

Date and Time Injury occurred: _____

Where Accident Occurred (Check all that apply)

- ☐ On District property ☐ Off Site Address _____
☐ in classroom ☐ in hall ☐ in lavatory ☐ on playground
☐ on sidewalk near school ☐ on street near school
☐ other _____

Body Regions Injured: ☐ head ☐ arm ☐ leg ☐ other _____

Description of Accident:

For additional space, use back of page to complete report

Witnesses to Accident: (1) _____ (2) _____
(3) _____ (4) _____

Immediate Impressions: ☐ minor ☐ Not too serious ☐ serious ☐ very serious

Immediate Action Taken:

1. First Aid ☐ bandage ☐ splint ☐ sling ☐ stretcher ☐
pressure bandage ☐ other _____
By Whom: ☐ Nurse ☐ Secretary ☐ principal ☐ other
2. Notified: ☐ Parent: _____ ☐ Nurse ☐ Principal
Name of Notified: _____ Date: _____ Time _____
3. Disposition: ☐ taken home ☐ taken to doctor's office ☐ taken to hospital
 ☐ Other _____ By Whom: _____

Person Submitting Report _____ Date: _____

Principal Signature _____ Date: _____

Copies to: Superintendent
Principal

Food/Maintenance Supervisor, Activities Director (When Applicable)