

Trout Creek School District # 6

Classified Application

Please PRINT or TYPE the following information and return it to:

Trout Creek School
4 School Lane
Trout Creek, MT 59874
or pwenz@troutcreekeagles.org

Fingerprint and Background
 check mailed on:
 completed on:

First Name Last Name
 Mailing Address

City Zip Phone

In case of emergency, call:

Phone:

Education:

Name of Institution	Location	Graduation Date	Major
High School <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Experience:

Name of School	Location	Grades/Subjects Taught
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List other experiences involved with working with schools.

Employment History:

Employer	Address	Nature of Work	Dates	Supervisor's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you hold a valid and current Montana Teaching Certificate? yes no

If yes – provide following:

Certificates	Expiration Dates
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

List any additional information you would like us to consider:

References: List three persons not related to you who have definite knowledge of your skills and character.

Name: Phone:

Mailing Address:

Name: Phone:

Mailing Address:

Name: Phone:

Mailing Address:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other parties, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Signature of Applicant

Date

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, [], am seeking employment and/or volunteer assignment with the Trout Creek School District. I hereby expressly authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in Section 44-5-103(3), MCA, to the staff of the Trout Creek School District and its agents.

I have [] have not [] 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 acknowledge 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.

I hereby release the Trout Creek School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA. A fingerprint background check will be at my expense and will be deducted from the initial paycheck unless other arrangements are made with the District Office.

This document is effective until revoked in writing by me.

[]

Signature

[]

Date

Print Full Name []

Print Full Address []

[]

City

[]

State

[]

Zip Code

Birth Date [] Social Security Number []

STATE OF MONTANA)

: SS.

County of [])

On this [] day of [], 200[], before me, a notary public of the State of Montana, personally appeared [] known to me to be the person named in the foregoing Release, and acknowledged to me that [] executed the same as [] free act and deed, for the uses and 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.

Notary Public, State of Montana

County of _____

My commission expires _____

TROUT CREEK SCHOOL DISTRICT #6
IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

State Law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of Equal 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 and state Employment Enforcement Officers.

Complete the following information and return with your completed application to TROUT CREEK SCHOOL DISTRICT #6

SEX: Male Female DATE:

ETHNIC GROUP: CHECK ONE (1) 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 peoples of the Indian Subcontinent, the Pacific Islands, or the Far East. Examples: 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 Rico, 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 Africa, or the Middle East.

- OTHER: (Specify)

YOUR APPLICATION IS INCOMPLETE WITHOUT THIS SHEET.

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by Trout Creek School District 6 that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do do not want a copy of the Privacy Act Statement.

Signed:

Name

Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT 5122F

To Whom It May Concern:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to School District (the District) for the position of (please be specific) .

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the district (a) to which you have applied for employment or to serve as a volunteer, or (b) by which you are employed or serve as a volunteer requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. [I understand the fingerprint background check will be at my expense]. These fingerprints will be used to conduct a search of FBI criminal history records. The district conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If district policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the district policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the district may choose to deny you unsupervised access to a person to whom the district provides care.

The [district] [Superintendent] [administration] shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the Board of Trustees. The district shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name:
First Middle Maiden Last

Date of Birth:

Address:

Street

Apt.

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City

State

Zip

⑧ I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

⑧ I have not been convicted of, nor am I under pending indictment for, any crimes.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

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Date

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Signature of Applicant