

Anderson School District #41
10040 Cottonwood Rd
Bozeman, MT 59715
Ph. (406) 587-1305 Fax (406) 587-2510

The following application materials must be submitted to be considered for advertised openings:

1. A completed Application Form.
2. A cover letter addressing qualifications and experience.

Equal Opportunity Employers Anderson 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 gender when the reasonable demands of the position do not require an age, physical or mental disability, marital status, or gender 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 (TB) test within seven days of employment.

Authorization to Release Employment Records If employed by a 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 The school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

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 or altering this application form may result in refusal of or separation from employment.

APPLICATION FOR CERTIFIED/CLASSIFIED EMPLOYMENT
Anderson School District
10040 Cottonwood Rd, Bozeman MT 59715

TITLE OF JOB _____ **APPLICATION DATE** _____

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

STREET

CITY

STATE

ZIP

TELEPHONE _____ **CELL PHONE** _____

SOCIAL SECURITY NUMBER _____

EDUCATION

NAME OF SCHOOL	CITY/STATE	DATES ATTENDED		GRADE/DEGREE COMPLETED
		FROM	TO	

EMPLOYMENT RECORD: List your work history for the past ten years. Start with your present or most recent job. If you need more space, attach additional sheets.

1. COMPANY NAME _____ **JOB TITLE** _____

ADDRESS _____ **TELEPHONE** _____

DATES OF EMPLOYMENT _____ **SUPERVISOR'S NAME** _____
 FROM TO

DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR EMPLOYER? _____

2. COMPANY NAME _____ **JOB TITLE** _____

ADDRESS _____ **TELEPHONE** _____

DATES OF EMPLOYMENT _____ SUPERVISOR'S NAME _____
FROM TO

DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR EMPLOYER? _____

3. COMPANY NAME _____ JOB TITLE _____

ADDRESS _____ TELEPHONE _____

DATES OF EMPLOYMENT _____ SUPERVISOR'S NAME _____
FROM TO

DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR EMPLOYER? _____

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer status with the Anderson School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Anderson School. I hereby expressly and voluntarily give the Anderson School District the right to make a thorough investigation of my past employment, education, and activities. I specifically 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 Anderson School District and its agents. I understand that the Anderson School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

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

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print Full Name: _____

Print Full Address: _____

City State Zip

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)

: ss.

County of _____)

On this ____ day of _____, 20__, 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 _____

EMPLOYMENT PREFERENCE FORM

NAME _____ SOCIAL SECURITY NUMBER _____

POSITION APPLIED FOR _____

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.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points 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 no preferred applicant holding substantially equal qualifications.

2. 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 prevent 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 service-connected, permanent and total disability,
AND

2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

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

DD-214

Other

Signature _____ Date Signed _____