



# District Employment Application



LEWISTOWN PUBLIC SCHOOLS  
215 7<sup>th</sup> Avenue South  
Lewistown MT 59457

Please Type or Print

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source:  Newspaper Advertisement  Employee  Relative  Walk-in  
(please x)  College Placement Office  Job Service  Other \_\_\_\_\_  
Name and address of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Full Middle Name Maiden

Address \_\_\_\_\_  
Street City State Zip Code

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have a valid teaching certificate?	If yes, in what state? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Type _____ Expires _____
Would you qualify for a Montana teaching certificate if you do not have one at this time?	Endorsements: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____
	_____

Have you ever been employed by the Lewistown Public Schools?  Yes  No  
If yes—Location \_\_\_\_\_ Dates \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Do you have the legal right to remain permanently in the U.S.?  Yes  No

Have you ever been convicted of a crime?  Yes  No  
If yes, when, where, and nature of offense \_\_\_\_\_

Are there any felony charges pending against you?  Yes  No  
If yes, explain \_\_\_\_\_

Can you perform the essential functions of the job as outlined on the job description?  Yes  No  
If not, do you need accommodations?  Yes  No

Explain briefly why you are applying for a position with our school system.

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**EDUCATIONAL BACKGROUND**

LIST SCHOOLS BELOW	Years Completed	Degree or Diploma	GPA	Major	Minor
High School Name & Address				Not Applicable	Not Applicable
College/University Name & Address					
College/University Name & Address					
Graduate School Name & Address					
Other					

**REFERENCES**

List name and telephone number of three references who are *not* related to you.

Name	Telephone	Years Known
	( )	
	( )	
	( )	

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic associations and any offices held.  
 (EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS)

ORGANIZATION	OFFICES HELD

List any additional information you would like us to consider.

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## Employment History

Starting with your **current or most recent employer**, list all places of employment and explain any gaps in employment in the comments section below. (Use additional sheets if necessary.)

<b>Employer</b>	<b>Telephone</b> (    )	<u>Dates Employed</u> From   To	Summarize the type or work performed and job responsibilities
<b>Address</b>		<u>Hourly Rate/Salary</u> Starting	
Job Title		\$         Per	
Immediate Supervisor And Title		<u>Hourly Rate/Salary</u> Final	
Reason For Leaving		\$         Per	
May We Contact For Reference			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

<b>Employer</b>	<b>Telephone</b> (    )	<u>Dates Employed</u> From   To	Summarize the type or work performed and job responsibilities
<b>Address</b>		<u>Hourly Rate/Salary</u> Starting	
Job Title		\$         Per	
Immediate Supervisor And Title		<u>Hourly Rate/Salary</u> Final	
Reason For Leaving		\$         Per	
May We Contact For Reference			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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<b>Address</b>		<u>Hourly Rate/Salary</u> Starting	
Job Title		\$         Per	
Immediate Supervisor And Title		<u>Hourly Rate/Salary</u> Final	
Reason For Leaving		\$         Per	
May We Contact For Reference			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

**COMMENTS** (if unemployed between jobs, give reason and disposition of time) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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When completing this form, read the directions carefully and provide all information requested. If requested on the specification sheet, please include a copy of your **transcripts of all college/university credits** in your application packet (unofficial transcripts are acceptable for application purposes). Only **complete application packets** received by the stated deadline will be considered for screening. Applicant will be notified if and when a personal interview is desired.

I voluntarily give Lewistown Public Schools the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and understand that this information will be kept confidential. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. I understand that if I am employed, any misrepresentation of material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized office.

I understand that a physical examination may be required before beginning work. I also understand it is this district's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization, as well as official transcripts of all college/university credits to date.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Applicant interviewed by _____ _____ _____	Classification _____ Step _____ Hours per day _____ Days per year _____ Beginning Hourly And Annual Salary \$ _____ \$ _____ Annual Hourly
Date of Interview _____ Employment Date _____	Location _____ Supervisor _____

# **AFFIRMATIVE ACTION VOLUNTARY INFORMATION**

## **COMPLETION OF INFORMATION BELOW IS VOLUNTARY**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

### **PLEASE TYPE OR PRINT**

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

#### **Referral Source**

- |                                                     |                                                       |                                                    |
|-----------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Walk-in                    | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                   | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement-Source _____ | <input type="checkbox"/> Other _____                  |                                                    |

Name of person who referred you if applicable \_\_\_\_\_

### **Applicant Information**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

- Male  Female

#### **Please check one of the following equal Employment Opportunity Identification Groups:**

- |                                                         |                                                         |                                   |
|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American/Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander         |                                   |

#### **For Administrative Use Only**

Position(s) applied for  Available  Not Available  
Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled

- |                                         |                                                      |                                                    |
|-----------------------------------------|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals  |                                                      |                                                    |

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_