

GARDINER SCHOOL DISTRICT #7&4

510 Stone Street
 Gardiner, MT 59030
 406.848.7563
 406.848.0606 (FAX)
<http://gardiner.org>

CERTIFIED EMPLOYMENT APPLICATION

Gardiner Public Schools is an equal opportunity employer and does not discriminate in education or employment because of sex, race, color, creed, religion, national origin, age, physical or mental handicap, political belief, marital or parental status. (Board Policy 5010).

INDICATE WHICH AREAS YOU SEEK EMPLOYMENT

Job Title, Teacher, Administration, Etc.

This application will be processed only if an entry is made in every space and will remain in the active file until November 1 following date of receipt. An applicant not offered employment should contact this office in writing or in person to activate his/her application for the second year if employment is still desired.

PERSONAL INFORMATION (please print or type)

Date	Social Security Number		
Last Name	First Name	Middle Initial	
Present Address: Street	City	State	Zip Code
Years at present address:	Telephone:		

COMPLETED EDUCATION

COLLEGE	Name: City/State:	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Pertinent course work and/ or degree earned:
GRADUATE SCHOOL (if applicable)	Name: City/State:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pertinent course work and/or Degree earned:
Dates of attendance: From:		To:	

OTHER (if applicable)	Name:	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pertinent course work and/or Degree earned:
	City/State:		
	Dates of attendance: From:		To:

WORK EXPERIENCE (begin with most recent)

Do you wish to be notified before we contact your current employer? Yes ___ No ___

<i>Employer:</i>	<i>Supervisor:</i>	<i>Title and description of duties</i>	<i>From Mo/Yr</i>	<i>To Mo/Yr</i>
<u>Current:</u> Name: Address: City/State/Zip	Name: Title: Phone Number:		___/___	___/___
Name: City/State/Zip	Name: Title: Phone Number:		___/___	___/___
Name: Address: City/State/Zip	Name: Title: Phone Number:		___/___	___/___
Name: Address: City/State/Zip	Name: Title: Phone Number:		___/___	___/___

Account for break(s) in employment listed above:

PROFESSIONAL FITNESS

If you answer yes to questions 1 through 4, on a separate sheet of paper, give a complete explanation, including duties, circumstances, and any supporting documentation.

Yes No

- 1. Have you ever been dismissed, discharged or fired from any employment?
- 2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
- 3. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
- 4. Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part or have you ever been found to be guilty of misconduct or harassment by an employer?

REFERENCES

Name:	Name:	Name:
Address:	Address:	Address:
City/State/Zip	City/State/Zip	City/State/Zip
Phone Number:	Phone Number:	Phone Number:

CRIMINAL HISTORY

If you answer yes to questions 1 through 7, on a separate sheet of paper, give a complete explanation, including charge or finding, the date, and the court(s) involved.

Yes No

1. Have you been convicted in the past 10 years of any crime including any crimes against persons such as aggravated murder; first, second, or third degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor, unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor, patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of a child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future? *(Note: For the purpose of this question "convicted" includes (1) all instances in which a pleas of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended or deferred.) You need not list traffic violations for which a fine or forfeiture of less than \$150 so was imposed.*
2. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in the state of Montana?
3. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any other state, province, territory, and/or country?
4. Are you presently under investigation in any jurisdiction for possible criminal charges?
A "yes" answer to questions 1 through 4 above will not necessarily bar you from employment.
5. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
6. Have you ever been found in a domestic relations proceeding to have sexually assaulted or exploited any minor or to have physically abused any minor?
7. Have you ever been found in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have physically abused any minor?

DECLARATION

I, _____ certify (or declare) under the penalty of perjury under the laws of the state of Montana that the foregoing and all information included in the application is true and correct.

I hereby authorize Gardiner School District #7 & #4 to inquire as to my record with any or all of my former and/or current employers or references with no liability arising there from. I hereby guarantee the correctness of the above statements. The making of any false statements herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Furthermore, I understand that my employment or continued employment is conditional upon the background checks that the Gardiner School District will conduct.

Date: _____ Signature: _____

Applicant Rights and Consent to Fingerprint

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 employment or a 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 (insert appropriate agency) that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, 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 employment, 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.

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.

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). 2

NCPA/VCA Applicants

To _____ :

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to GARDINER SCHOOL DISTRICT 7 & 4 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.

1. 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).
2. 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.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access a person to whom the entity provides care. The entity 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 qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____
First Middle Maiden Last

Date of Birth: _____

Address: _____

City State Zip

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

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

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to Gardiner School District 7 & 4.

Signature of Applicant

Date