



Pleasant Valley School District #27 Application for Classified Employment

PLEASE TYPE OR PRINT CLEARLY

Today's Date: _____ Date Available for Work: _____

Position Applying For: _____

Name: _____ Previous Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Please circle your answers to the following questions and expand, if necessary:

1. Do you have the legal right to work in the United States? **Yes No**
2. Do you have a high school diploma or passing score on the general education development assessment? **Yes No**
3. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? (Please review the job description provided). **Yes No**
4. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? **Yes No**

If yes, please explain (include the date of discharge or resignation and reason for discharge or resignation).

I hereby certify that (check the applicable box and provide the information requested). *Please note that answers to this question may not necessarily disqualify an applicant from consideration for employment.*

- I have not plead guilty to, nor have I been convicted of any violation of criminal law (minor traffic offenses excepted).
- I have plead guilty to or I have been convicted of at least one violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted). *Please attach and sign a complete description of the circumstances surrounding all convictions.

Employment Record

List employment, with your most recent employment first. Describe your employment history, accounting for the last five positions held. You may include volunteer and paid experiences. Do not write "see resume". If you need additional space, please continue on a separate sheet of paper.

Employer: _____ Position: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Position: _____ Phone #: _____

Years Employed: _____ from _____ to _____

Highest Salary: \$ _____ Reason for leaving: _____

Work Performed: _____

Employer: _____ Position: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Position: _____ Phone #: _____

Years Employed: _____ from _____ to _____

Highest Salary: \$ _____ Reason for leaving: _____

Work Performed: _____

Employer: _____ Position: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Position: _____ Phone #: _____

Years Employed: _____ from _____ to _____

Highest Salary: \$ _____ Reason for leaving: _____

Work Performed: _____

Employer: _____ Position: _____
Address: _____ City: _____ State: _____
Supervisor: _____ Position: _____ Phone #: _____
Years Employed: _____ from _____ to _____
Highest Salary: \$ _____ Reason for leaving: _____
Work Performed: _____

Employer: _____ Position: _____
Address: _____ City: _____ State: _____
Supervisor: _____ Position: _____ Phone #: _____
Years Employed: _____ from _____ to _____
Highest Salary: \$ _____ Reason for leaving: _____
Work Performed: _____

Employer: _____ Position: _____
Address: _____ City: _____ State: _____
Supervisor: _____ Position: _____ Phone #: _____
Years Employed: _____ from _____ to _____
Highest Salary: \$ _____ Reason for leaving: _____
Work Performed: _____

References

Please list current information for three references below. List persons who are qualified to attest to your fitness for the position you seek who are not related to you and are not previous employers. Do not write "see resume". If you need additional space, please continue on a separate sheet of paper.

Name	Title	Relationship	Email Address	Phone Number

Educational History

List educational institutions in order of attendance (most recent first). Do not write "see resume". If you need additional space, please continue on a separate sheet of paper.

Institution	Location	Degree Earned	Years Attended

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Montana Teacher License

Do you hold a Montana teacher license? _____

License number: _____ Expiration Date: _____

Equal Opportunity Employer

Pleasant Valley School District prohibits discrimination against or harassment of any person employed by or seeking employment with Pleasant Valley School District because of race, religion, color, sex, national origin or because of age, physical or mental disability, or genetic information, 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 Pleasant Valley School District's personnel office.

Drug Free/Tobacco Free/Nicotine Free Policies

Pleasant Valley School District is a drug free, tobacco free, and nicotine free school and, as such, requires all employees to adhere to specific drug free, tobacco free, and nicotine free policies.

I certify that all statements and information provided within this application and its attachments, if any, are true and complete. I understand and agree, by signing below, that omission or misrepresentation of a material fact, or altering this application form, may result in refusal of my application by Pleasant Valley School District, nullification of a possible offer of employment or termination from employment should Pleasant Valley School District make an offer of employment to me and later discover any such omission or misrepresentation.

Applicant Signature

Date

***All applications must be signed**

RESUMES WILL NOT BE ACCEPTED IN LIEU OF COMPLETION OF THIS APPLICATION

Notice and Acknowledgement of Process

Pursuant to Montana's open meeting laws, application materials will likely be reviewed and considered by the Board of Trustees in open session. There are certain recognizable circumstances where individual rights of privacy clearly exceed the merits of public disclosure, thereby allowing the chairperson of the Board of Trustees of a public school to convene in a closed (executive) session should the chairperson make a determination that an individual's right of privacy clearly outweighs the public's right to know. If the chairperson of the Board of Trustees convenes in an executive session to review or consider any information obtained during the hiring process, I acknowledge and agree that the Board may engage in discussion about me without my physical presence.

I understand that once my application materials are given to the Board of Trustees, my name may be disclosed to the public upon request. If I am selected as a finalist, my name and other information about my background and qualifications will be disclosed to the public through a press release.

Applicant Signature

Date

***All applications must be signed**

Employment Preference Form

Name: _____

Position Applied For: _____

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim Veterans' Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

- A Veteran, if
 1. You were separated under honorable conditions, **AND**
You served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
 2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of six years service in armed forces, the last three of which have been served in the Montana Army or Air National Guard.
- A Disabled Veteran, if
 1. You were separated under honorable conditions from military 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 prevents him or her from working.
- The unremarried 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 a 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.

2. To claim Montana Persons with Disabilities Employment Preference, you must be (check one of the boxes below):

- A person with a disability certified by DPHHS, **OR**
- The spouse of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least one year immediately before applying for employment.

3. In the boxes below, check the attachment you have included to document your eligibility for employment preference.

- DD-214 showing the character of discharge
- Service-connected disability letter
- DPHHS Disability Certification
- A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

Signature

Date