

LAMBERT PUBLIC SCHOOLS
SUBSTITUTE TEACHING APPLICATION

NAME: _____ DATE AVAILABLE TO WORK: _____

PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL #: _____ EMAIL: _____

Please answer the following questions:

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 GED? 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 job description) 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 date of discharge or resignation and reason for discharge or resignation:

5. I hereby certify that (check the applicable line 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 of nolo contendere/no contest (minor traffic offenses excepted).

*Please give a complete description of and explain all the circumstances surrounding all convictions if you checked the line directly above:

EDUCATIONAL BACKGROUND:

High School: _____ College: _____

College Degree: Yes NO Major: _____

Are you currently certified to teach in Montana? ___ Yes ___ No
Level: _____ Area (s) of Endorsement: _____
Folio #: _____

SUBSTITUTE TEACHING PREFERENCE:

___ No preference ___ Elementary only ___ 7-12th grade only ___ (Specialty areas: please list):

WORK EXPERIENCE (most current first):

EMPLOYER:	DATES:	POSITION:

Contact Person: _____	Title: _____	Phone: _____
EMPLOYER:	DATES:	POSITION:

Contact Person: _____	Title: _____	Phone: _____
EMPLOYER:	DATES:	POSITION:

Contact Person: _____	Title: _____	Phone: _____

REFERENCES (non-relatives):

NAME:	EMAIL ADDRESS:	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lambert Schools is an Equal Opportunity Employer

Each participating school district prohibits discrimination against or harassment of any person employed by or seeking employment with the 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 the school district personnel office.

Proof of Employability

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.

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.

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 close (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 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 through a press release.

Statement and Signature of Applicant's Certification:

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

(Applicant's Signature)

(Date)

All applications must be signed!

EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Job Title

Position No.

Department Name

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 6 years service in armed forces, the last 3 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 veterans 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 1 year immediately before applying for employment.

3. **In the box 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

OPTIONAL - AFFIRMATIVE ACTION INFORMATION - OPTIONAL

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: _____ Age: _____
Sex: _____ Ethnic Group: _____

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking administrative employment or volunteer assignment with a Montana School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of children. I hereby expressly and voluntarily give the 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 School District and its agents. I understand that the 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 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 for 180 days or until revoked in writing by me.

Signature _____ Date _____

Print Full Name:

First Middle Last

Print Full Address:

City State Zip

Date of Birth: _____ Soc Sec Number: _____

STATE OF _____)

: ss.

County of _____)

On this ____ day of _____, 20____, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that he/she executed the same as his/her 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 _____

County of _____

My commission expires _____

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 notification (8) by Lambert Public Schools 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 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 of 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.

You 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 28CFR 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)

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 USC 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birthdate. Pursuant to Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, maybe predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NCI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to specific circumstances of the application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).