

# Hot Springs School District #14-J

## INFORMATION TO APPLICANTS FOR CERTIFIED POSITIONS

Thank you for your interest in Hot Springs Schools. The following outline describes the procedures for filing an application for an certified position in School District #14-J.

### APPLICATION PROCEDURE

A complete application must include the following documents. All materials must be received by the advertised deadline.

1. **Letter of Application**

2. **District Application**

3. **Resume**

4. **Placement File**

Placement file should include letters of recommendation. Experienced teachers should include recommendations from all administrators. Inexperienced teachers should include recommendations from student teaching supervisors and cooperating teachers.

5. **Transcripts of Credit**

A copy of your transcripts will suffice, but an official transcript will be required before a contract is offered.

6. **Montana Educator License**

A copy of your Montana Educator License or evidence of eligibility for Montana Certification.

7. **Fingerprint Background Check**

A current (within the previous 6 months) fingerprint background check will be required upon hire.

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**Contact** Carmen Jackson, Business Manager  
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# Hot Springs Public Schools #14-J

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## Certified

This application must be completed in full. We will not accept "see resume". All statements are subject to verification. **Keep a copy of your completed application and attachments as they will not be returned.** This application may be subject to public disclosure. The application and all accompanying material will be retained for one year.

**Position Applying For:** \_\_\_\_\_

Last Name _____	First Name _____
Address _____	City _____ State _____ Zip _____
Phone No. _____	Other Phone No. _____
E-mail Address _____	May we contact you by e-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under contract for the upcoming year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the earliest date you can begin work? _____	

### EDUCATION

College or University

Name _____	City _____	State _____	From / To _____
Degree/Diploma/Certification _____		Major/Subject _____	

Special Training

Name _____	City _____	State _____	From / To _____
Degree/Diploma/Certification _____		Major/Subject _____	

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**JOB EXPERIENCE**

Employer's Name		Supervisor's Name and Title	
Employer's Address	City, State	Zip	Phone No.
Position Held	Reason for Leaving	Time Employed Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City, State	Zip	Phone No.
Position Held	Reason for Leaving	Time Employed Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City, State	Zip	Phone No.
Position Held	Reason for Leaving	Time Employed Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City, State	Zip	Phone No.
Position Held	Reason for Leaving	Time Employed Months & Years	

Employer's Name		Supervisor's Name and Title	
Employer's Address	City, State	Zip	Phone No.
Position Held	Reason for Leaving	Time Employed Months & Years	

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**MULTICULTURAL EXPERIENCE/TRAINING**

List your training and/or experience.

1.	_____
	_____
2.	_____
	_____
3.	_____
	_____

**TECHNOLOGY EXPERIENCE/TRAINING**

List and/or briefly describe your training/experience with Technology.

1.	_____
	_____
2.	_____
	_____
3.	_____
	_____

**CERTIFICATE INFORMATION**

List below, the teaching, administrative, and special certifications for the State of Montana which you hold. Please include a copy of your current Montana Educator License.

Type of Certification (Class, Level)		Endorsements
Folio Number	Issue Date	Expiration Date

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Type of Certification (Class, Level)		Endorsements
Folio Number	Issue Date	Expiration Date

Have you ever had a certificate revoked or suspended?  Yes  No If yes, date \_\_\_\_\_

Certification type revoked	Reason
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**REFERENCES**

List in order, most recent first, all immediate supervisors of certificated K-12 experience.

Reference Name	Title/Position	Phone No.
Reference Mailing Address	City	State Zip

Reference Name	Title/Position	Phone No.
Reference Mailing Address	City	State Zip

Reference Name	Title/Position	Phone No.
Reference Mailing Address	City	State Zip

Reference Name	Title/Position	Phone No.
Reference Mailing Address	City	State Zip

**CERTIFIED SCHOOL EXPERIENCE**

List all contracted experience in order of occurrence.

District/School Name	City	State	From/To
Grades	Subjects	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (please choose one)	Reason for Leaving

District/School Name	City	State	From/To
Grades	Subjects	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (please choose one)	Reason for Leaving

District/School Name	City	State	From/To
Grades	Subjects	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (please choose one)	Reason for Leaving

District/School Name	City	State	From/To
Grades	Subjects	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (please choose one)	Reason for Leaving

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**EXPERIENCE OUTSIDE OF K-12 CERTIFICATED EXPERIENCE**

List in order of occurrence military services, private sector, school-related employment, and volunteer service.

Location of Service	City	State	From/To
Position and Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Please Choose one)		

Location of Service	City	State	From/To
Position and Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Please Choose one)		

Location of Service	City	State	From/To
Position and Title	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (Please Choose one)		

**HAVE YOU WITHIN THE LAST TEN YEARS BEEN:**

(if you answer yes, attach a statement of explanation.)

- a. Convicted of any crime against persons (aggravated murder; first or second degree murder; first, second, or third degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; 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, second, or third 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 child abuse restraining order; child buying or selling; prostitution; or any of these crimes as they had previously been named or as they may be renamed?)  Yes  No
- b. Found in any dependence action or by a court in a domestic relations proceedings or in any disciplinary board final decisions to have sexually assaulted or exploited any minor or to have abused a minor?  Yes  No
- c. Released from prison or convicted of any offense that involved drugs?  Yes  No
- d. Do you have any criminal arrests on which charges are pending related to child abuse, neglect and/or child sexual abuse and/or sexual exploitation?  Yes  No
- e. Convicted of a felony other than those previously listed.  Yes  No

Such convictions will not necessarily be ban from employment. (An inquiry to the Montana State Patrol and/or federal law enforcement agency will be made.)

**SIGNATURE RELEASE**

All the information I have provided in this application is true, correct, and complete. I authorize Hot Spring Schools to inquire with former employers or references to obtain any and all information regarding my job related background. **I release and waive Hot Spring Schools, my former employer(s), and all references from any and all liability in obtaining or disclosing such information.** I agree that information provided by any individual shall be confidential and I shall not have access to such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment contract. If such action is taken by the District, the contract shall be deemed void from its inception.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**THIS SECTION WILL BE REMOVED BEFORE EVALUATION**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**OPTIONAL INFORMATION:** Information regarding race and disability is requested for the purpose of assuring a diversity of employment, to correct any disparity in our current employment number, and to prevent discrimination. This information will be confidential and will not be filed with or made a part of your application.

**SEX:**  Female  Male **AGE:** Over 40?  Yes  No

**RACE/ETHNIC DESIGNATION:** Please indicate your ethnic background.

African American  Asian American  Native American  
 Caucasian  Hispanic

**DISABILITY:** For purposes of affirmative action, do you consider yourself to be a person of disability as defined by the Americans with Disabilities Act? (A person who "has a physical or mental impairment that substantially limits one or more life activities, or has a record of such an impairment, or is regarded as having such an impairment?") If yes, please explain.

No  Yes

\_\_\_\_\_  
(If yes, please explain.)

**VETERN:** Are you a disabled American Veteran?  Yes  No

Are you a Vietnam Veteran? (8/5/64 - 5/7/75)  Yes  No

## 5122 Fingerprints and Criminal Background Investigations

Board policy requires that any finalist recommended to be employed in a paid or volunteer position with the District, involving regular unsupervised access to students in schools, as determined by the Board, shall submit to a name-based and fingerprint criminal background investigation conducted by the appropriate law enforcement agency before consideration of the recommendation for employment or appointment by the Board. The results of the name-based check will be presented to the Board, concurrent with the recommendation for employment or appointment. Any subsequent offer of employment or appointment will be contingent on results of the fingerprint criminal background check, which must be acceptable to the Board, in its sole discretion.

The following applicants for employment, as a condition for employment, will be required, as a condition of any offer of employment, to authorize, in writing, a name-based and fingerprint criminal background investigation:

- A certified teachers seeking full- or part-time employment with the District;
- An educational support personnel employee seeking full- or part-time employment with the District;
- An employee of a person or firm holding a contract with the District, if the employee is assigned to the District;
- A volunteer assigned to work with the District, who has regular unsupervised access to students; and
- Substitute teachers

Any requirement of an applicant to submit to a fingerprint background check will be in compliance with the Volunteers for Children Act of 1998 and applicable federal regulations. If an applicant has any prior record of arrest or conviction by any local, state, or federal law enforcement agency for an offense other than a minor traffic violation, the facts must be reviewed by the Board, who will decide whether the applicant will be declared eligible for appointment or employment. Arrests resolved without conviction will not be considered in the hiring process, unless the charges are pending.

Legal References:	§ 44-5-301, MCA	Dissemination of public criminal justice information
	§ 44-5-302, MCA	Dissemination of criminal history record information that is not public criminal justice information
	§ 44-5-303, MCA	Dissemination of confidential criminal justice information - procedure for dissemination through court
	ARM 10.55.716	Substitute Teachers
	Public Law 105-251	Volunteers for Children Act

### Public History

Adopted on: July 17, 2003

Reviewed on:

Revised on:



5122F Consent To Finger Print Background Checks

I, \_\_\_\_\_ am seeking employment, volunteer assignment, and/or approval to be selected as on an call substitute with Hot Springs School District #14J. I hereby expressly 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 Hot Springs Schools and its agents.

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of, adjudicated of, any crime in any jurisdiction other than minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding crime(s) of which I have been convicted or adjudicated\* in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check.

*\*Adjudication - A passing of judgment of a court of law or a decision of a judge.*

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents expressly authorized above, from 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.

**All statements and information provided within this application and its statements, if any, are true and complete. I understand that omission or misrepresentation of the material facts may result in refusal of or suspension from employment.**

This document is effective until revoked in writing by me.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_ 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 forgoing Authorization to release information, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WEREOF, I have hereunto set my hand affixed my notarial seal the day and year in this certification first above written.

\_\_\_\_\_  
\_\_\_\_\_  
(name)  
Notary Public, State of Montana  
County of, \_\_\_\_\_  
My commission expires \_\_\_\_\_