KESTER SCHOOL DISTRICT #23

Application for Employment

PLEASE TYPE OR PRINT CLEARLY USING A PEN

		TODA	Y'S DATE:
NAME	:		
HOME	PHONE NUMBER:		
CELL I	PHONE NUMBER: _		
E-MAI	L:		
DATE	AVAILABLE FOR W	ORK:	
What	Class License and	Endorsement(s) do you hold?	
Monta	na	Endorsement(s)	Expiration Date:
			Expiration Date:
Monta	na Folio Number: _		
<u>Please</u>	e answer the follow	<u>ving questions:</u>	
	Are you able with which you are app Yes Have you ever bee discharge?	olying? (Please review job descriptionNo	n to perform the functions of the job for attached as Exhibit A) yment or resigned to avoid such releases or
If yes,	please explain. Inc	lude date of discharge or resignation a	and reason for discharge or resignation:
			·····

 4. 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 pleaded guilty to, nor have I been convicted of any violation of criminal law (minor traffic offenses excepted). I have pleaded 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 contend ere/no contest (minor traffic offenses excepted). 				
Please attach and sig	n a complete description of the	circumstances surrounding all convictions.		
	<u>EMPLOYMENT I</u>	<u>RECORD</u>		
	ur most recent employment fir eld. You may include volunteer	st. Describe your employment history, accounting and paid experience.		
DO NOT substitute a resum	e. You may attach additiona	l information.		
Most Recent Employer:				
Position:		# Yrs In Position:		
Address:				
Contact Person:	Title:	Telephone:		
Years Employed:		TO		
Highest Salary: \$				
Reasons for Leaving:				
Past Employer:				
Position:		# Yrs In Position:		
Address:				
Contact Person:	Title:	Telephone:		
Years Employed:		TO		
Highest Salary: \$				
Reasons for Leaving:				

Past Employer:		
Position:		# Yrs In Position:
Address:		
Contact Person:	Title:	Telephone:
Years Employed:		TO
Highest Salary: \$		
Reasons for Leaving:		
Do at Employees		
Past Employer: Position:		# Yrs In Position:
Address:		# 118 III POSICIOII:
Contact Person:	Title:	Talanhana
Years Employed:	True:	Telephone:
Highest Salary: \$		10
Reasons for Leaving:		
Reasons for Leaving.		
Past Employer:		
Position:		# Yrs In Position:
Address:		
Contact Person:	Title:	Telephone:
Years Employed:		TO
Highest Salary: \$		
Reasons for Leaving:	-	
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REFERENCES

Name	E-Mail Address	
Title	Phone (Home and Work)	
Name	E-Mail Address	
Title	Phone (Home and Work)	
Name	E-Mail Address	
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Title	Phone (Home and Work)	

EDUCATION HISTORY

Highest Degree Earned:

<u>List from most recent to least recent attendance</u>

Institution	Degree	
Location	Year	

Institution	Degree	
Location	Year	

Institution	Degree	
Location	Year	

Institution	Degree	
Location	Year	

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, TB TEST

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.

Similarly, a selected applicant must provide verification of having received a tuberculin (TB) test within the past year. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB test from an candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

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.

I certify that all statements and information provided within the 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 for 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 Signature	Date	

*All Applications MUST be signed.

EMPLOYMENT PREFERENCE FORM

Nan	ne: _	
Pos	itioı	n Applied For
Act info	or t rma	Job Title Position No. Department Name ment preference allows applicants to claim a preference under the Veteran's Public Employment Preference he Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All ation related to a preference will be kept confidential and used only during the hiring process. Applicants hired attact will have this information placed in a separate confidential selection file.
Voc	atio	your local Job Service Workforce Center for details on veteran's preference. Contact your local Montana nal Rehabilitation Service Office, Department of Public Health and Human Services (DPHHS) for details on ag persons with disabilities preference certification.
1.	To	claim Veteran's Employment Preference you must be a U.S. Citizen and (check one of the boxes below): A Veteran, if
		 you were separated under honorable conditions, AND you served more than 180 consecutive days of active federal military duty other that 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. 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 for military duty, AND
		2. you have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension for the U.S. Department of Veterans Affairs or military department, OR you have received the 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
		 the veteran died under honorable conditions while serving in the Armed Force, or the veteran has a service-connected, permanent, and total disability, AND your spouse is totally and permanently disabled, OR you are the unremarried widow of the father of the
		veteran.
2.	То	claim Montana Persons with Disabilities Employment Preference, you must be (check one of the boxes
	bel	ow):
		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 t	the box below, check the attachment you have included to document you eligibility for employment
	pre	eference.
		DD-214 showing the character of discharge A document issued by the Office of the
		DPHHS Disability Certification Adjutant General of the Montana National
		Service-connected disability letter Guard certifying service

DATE SIGNED:

SIGNATURE: (typed or written)

Providing the information is strictly on a voluntary on the race and sex of applicants and employees to	rately from all other records during the application be available only to the school district personnel
Pursuant to Montana's open meeting laws, applicate the Board of Trustees in open session. There are consights of privacy clearly exceed the merits of public Board of Trustees of a public school to convene in a make the determination that an individual's right to the chairperson of the Board of Trustees convenes information obtained during the hiring process, I addiscussions about me without my physical presence. I understand that once my application materials are disclosed to the public upon request. If I am selected	o privacy clearly outweighs the public's right to know. If in an executive session to review or consider any cknowledge and agree that the Board may engage in e. e given to the Board of Trustees, my name may be ed as a finalist, my name and other information about my
Applicant Signature	the public through a press release. Date

<u>EXHIBIT A</u> IOB DESCRIPTION

Kester School is currently accepting applications for a K-8 grade teaching position. Applicant must be a self-starter, creative, highly organized, with the ability to multi-task, and be willing to work collaboratively with other members of the school, staff, and parents. Due to the location and size of the school the teacher is responsible for all areas of study including music, art, physical education, a Christmas Program, as well as other duties required at a rural school.

Kester School is a one-room country school located 26 miles Northeast of Jordan, MT, on an all-weather gravel road. The school is rooted in the middle of an agriculture community that also has amazing access to recreational areas for hunting, fishing, and hiking. The school district was established in 1930, with various buildings and moves transpiring over the years. The current building and location of the school has been here since the mid 1960's. Over recent years the school has been through several renovations, anywhere from new siding and windows to a monoslab heated floor. The school also had an addition built on to it that added a lunch/multi-purpose room and library/OT room. There are many technological advances incorporated in the school as well. All students have their own I-pad, there is a Smart Board, and every few years new curriculum is purchased to keep up with the Standards. School is a four-day week with a current enrollment of one student.

Housing provided is an unfurnished 2015 Shultz 16 x 80 three bedroom, two bath mobile home, with central air, and an attached mudroom close to the school, utilities included. Housing is fenced separately from the school yard. There is also an unattached one car garage available for use. The housing is also pet friendly upon of the approval of the school district.

Standard Application Process Applies: Candidates should hold a Montana Teaching license or be capable of obtaining one; proof of certification with elementary endorsement is required. Employment will require a background check and fingerprints. For an application, please contact Wendy Schenk at wschenk@kesterschool23.org or by calling (406) 557-2136 or by visiting the school website at kesterschool23.org, click the Employment tab.