

Hysham Public Schools

SCHOOL DISTRICT NO. 1 115 SUMMIT STREET P.O. BOX 272 HYSHAM, MONTANA 59038 School Phone (406) 342-5237 (406) 342-5238 Counselor (406) 342-5848 Fax (406) 342-5257

ATTENTION: SCHOOL EMPLOYEES and BUS DRIVERS

All school staff and bus drivers must have fingerprinting and background checks completed to be in compliance with state laws.

Forms are available at the school district office. You can make arrangements with the sheriff's office to complete the fingerprinting card. Return all the forms to the school clerk's office so they can be mailed into the Department of Justice.

- 1. Fingerprint card. Complete all information and sign. Please remember to sign in front of a notary.
- 2. Release Forms
- 3. Drivers are subject to driving record searches as well.

Robin S. Weinmeister

District Clerk

December 2018

HYSHAM PUBLIC SCHOOLS DISTRICT APPLICATION PO BOX 272, HYSHAM, MT 59038 406-342-5237

Name	
Address	
Home Phone Wo	ork Phone
Cell Phone Em	nail
Position applying for:	
Do you have a Montana Educators License? y	
Montana Endorsement	
Expiration Date	
Montana Folio Number	
Other State Endorsement	
Expiration Date	
Please answer the following questions: 1. Are you able to, with or without reasonable acconiob you are applying?	nmodation, perform the functions of the
2. Do you have the legal right to work in the United S	States? yes no
3. Have you ever been released or discharged from erelease or discharge? yes no	employment or resigned to avoid such

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RECORD OF EMPLOYMENT Most recent employer _____ Address Position held Dates of employment including the month and year Starting _____ to ____ Supervisor's name ______ Title _____ Phone number _____ Email ____ Reasons for leaving present position May we contact your present employer? _____ yes _____ no Past employer _____ Address Position held Dates of employment including the month and year Starting _____ to ____ Supervisor's name _____ Title _____ Phone number _____ Email ____

Reasons for leaving present position

May we contact your present employer? yes	no
Past employer	
Address	
Position held	
Dates of employment including the month and year	
Starting to	1
Supervisor's name	Title
Phone number	
Reasons for leaving present position	
May we contact your present employer? yes	no
Most recent employer	
Address	
Position held	
Dates of employment including the month and year	
Starting to	
Supervisor's name	_ Title
Supervisor's namePhone number	Email
Reasons for leaving present position	

May we contact your pres Total Number of Years Se		yes no	
Teacher			
Principal			
Superintendent			
Other			
Please describe Other			
EDUCATION BACKGROUN	D		
Highest Degree Earned			
Please list Colleges and/or	Universities attended		
College/University	Degree Received	Year	GPA
,			
REFERENCES			
Please list 5 references.			
Name 1	Phone	Email address	
2			
3			
4			

Any applicant chosen for employment must be able to show, 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.

EQUAL OPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of non-job-related condition or handicap, or other legally protected status.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any other of document from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

I hereby authorize Hysham Public Schools to inquire as to my record with any or all of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement 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.

I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that I will be required to be fingerprinted if offered a contract.

Signature of Applicant	Date

Please note:

By entering your name here, you are signing this form electronically and it is equivalent of having a handwritten signature.