

**LIBERTY ELEMENTARY SCHOOL DISTRICT #10**

Telephone: (406) 432-5265 Fax: (406) 432-2582

Application for Employment

Directions: Please read thoroughly before completing application.

We welcome you as an applicant for employment with the Liberty Elementary School District. It is the policy and intent of the Liberty Elementary Schools to provide an equal opportunity in employment for all persons. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age. This policy applies to all phases of employment. No question on this application is intended to secure information to be used for such discrimination. Please complete all requested information in its entirety. Resumes will not be accepted in lieu of completion of this application. Applications that are not signed will not be considered.

Applications for Certified & Classified Positions may be mailed, emailed, or hand delivered to:

Liberty Elementary School District  
Attn: Board of Trustees  
P.O. Box 78  
Galata, Montana 59444  
Phone: (406) 432-5265 Fax: (406) 432-2582  
Email: clerk@libertyschoolsmt.com

Position being applied for:

- Certified K-8 Teacher
- Classified Classroom Assistant
- Other (Classroom Teacher under Provisional or Emergency Licensure)

Date available for employment:

\_\_\_\_\_

**PERSONAL**

Last Name	First Name	Middle Name
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\_\_\_\_\_

Home Phone #	Day Phone #	Social Security #
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\_\_\_\_\_

Temporary Address:

	City	State	Zip Code	County
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Email: \_\_\_\_\_

\_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
City State Zip Code County

Have you ever worked for the Liberty Elementary School District?  Yes  No  
If yes, employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

If not a previous employee, have you ever applied for employment with the Liberty  
Elementary School District?  Yes  No If yes, Month and Year \_\_\_\_\_ Position  
\_\_\_\_\_

Do you have a relative who is a member of the Liberty Elementary School District Board  
of Trustees?  Yes  No  
If yes, Who \_\_\_\_\_ Relationship \_\_\_\_\_

Upon offer of employment, are you able to provide proof of citizenship or alien right to  
work status?  Yes  No

Are you over 18 years of age?  Yes  No  
If not, employment is subject to verification of minimum legal age.

Have you ever, as an adult, been convicted of a crime or are you now under charges,  
excluding minor traffic violations, or dishonorably discharged from the Armed forces of  
the United States?  Yes  No

If yes, describe in full. (A yes answer is not an automatic bar to employment. All  
circumstances will be considered.)

\_\_\_\_\_  
\_\_\_\_\_

Initial if you will accept any or all of the following:

_____ Permanent Full-Time	_____ On Call or Substitute
_____ Seasonal (Less than 12 Mo.)	_____ Overtime Work
_____ Temporary	_____ Day Shift
_____ Part-Time (Less than 40 hrs./wk.)	_____ Other Than Day Shift

**EDUCATION**

Select highest Level Completed

Grade School	High School	College
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16
Post Graduate		
<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MED <input type="checkbox"/> Ph. D <input type="checkbox"/> Ed.D		

**EMPLOYMENT HISTORY**

List your work experience beginning with your most recent employer. Include work done while going to school. Account in this section as fully as possible for all occupied time, both paid and unpaid, since you left school. Attach additional pages if necessary.

Present Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

May We Contact This Employer?  Yes  No

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Describe Work Experience/Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Previous Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position Title \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

May We Contact This Employer?  Yes  No

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Describe Work Experience/Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been discharged or requested to resign from any position?  Yes  No  
Explain:  
\_\_\_\_\_  
\_\_\_\_\_

References: (Please list name, position, address, work and home telephone numbers of references not listed under Employment History.

1. \_\_\_\_\_

2. \_\_\_\_\_

Additional materials required when applying for employment with the district:

In addition to the completed application for employment, prospective employees are required to provide the following information and documentation.

- Cover Letter (see attached template)
- Signed Form 5122F Authorization to Release Information (see attached)

### CERTIFICATION

Do you currently hold a valid Montana Teaching Certificate?

- Yes  
 No

Would you be interested in pursuing licensure, including provisional or emergency in the State of Montana?

- Yes  
 No  
 Unknown

### AUTHORIZATION TO RELEASE INFORMATION

Important: Read Before Signing

I am seeking employment with the Liberty Elementary School District.

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with all rules and regulations of the employer, and to obey all lawful directives of supervisors designated by the employer. It is understood and agreed that, in the event I am employed by the Liberty Elementary School District, equal opportunity information may be requested. I understand that the Liberty Elementary School District requires drug free and tobacco free work sites and premises.

I understand and agree that I may be subject to the immediate dismissal from employment if it shall subsequently be determined or discovered that the answers herein and in application supplement(s) are untrue and that I have failed to disclose a material fact.

I have read and understand all portions of this application and supplement(s) and have answered all questions completely and truthfully.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

**Form 5122F**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am seeking employment or volunteer status with the Liberty Elementary School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Liberty Elementary School District. I hereby expressly and voluntarily give the Liberty Elementary 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 or agent acting on behalf of the Liberty Elementary School District. I understand that the Board of Trustees of Liberty Elementary 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 Liberty Elementary 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 until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Print Full Name: \_\_\_\_\_

Print Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

To: Liberty Elementary School District  
Board of Trustees  
P.O. Box 78  
Galata, Montana 59444

Re: Letter of Interest, Liberty Elementary School District Teaching Position

Dear Board of Trustees:

Please accept this letter of interest, and the completed district application for employment and required Form 5122F as an indication of my interest in applying for a position as a classroom teacher. I am aware, that with the assistance of the district, if selected, I will be required to apply for emergency teacher licensure through a process administered by the Montana Office of Public Instruction (OPI).

Should the district have any questions concerning any of my application materials, please contact me at your convenience.

Regards,