

MOORE PUBLIC SCHOOLS, DISTRICT #44
509 Highland Avenue
Moore, MT 59464
Phone (406) 374-2231
FAX (406) 374-2490



Scott Stiegler
Superintendent

Cindy Barta
Business Mgr/Clerk

Jodi Cundiff
Office Secretary

Greetings!

Thank you for considering a position at Moore Public Schools. Whether you are applying for a new position with our school, becoming a volunteer, or looking to help substitute, we appreciate you taking the time to consider our school.

It is our goal to welcome you as a part of the Bulldog family. Please complete this application packet and return it to us as soon as possible. There are necessary requirements before a new member of the team can get up and going. Don't hesitate to ask questions or get clarification on any of the paperwork.

Go Bulldogs!

Scott Stiegler,
Superintendent
Moore Public Schools

Equal Education, Nondiscrimination and Sex Equity

The District will make equal educational opportunities available for all students without regard to race, color, national origin, ancestry, sex, ethnicity, language barrier, religious belief, physical or mental handicap or disability, economic or social conditions, or actual or potential marital or parental status. No student, on the basis of sex, will be denied equal access to programs, activities, services, or benefits or be limited in the exercise of any right, privilege, or advantage, or denied equal access to educational and extracurricular programs and activities.



Moore Public Schools # 44
Classified Employee Application

Instructions and Information

Please fully complete all pages of the application. Furnishing information on the application is mandatory unless otherwise stated. Do not complete the application by stating "see attached resume."

- The following application material must be submitted to be considered:
 1. A completed Application Form
 2. Any professional licenses or certifications you have
- Application materials may be submitted in person, by mail, fax, or email.
- Please note that application and supporting materials will not be returned.
- Background checks will be performed on all candidates. The Disclosure and Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

Submit completed applications to:

Moore Public Schools
c/o Superintendent's Office
509 Highland Ave
Moore, MT 59464

Phone: 406-374-2231
Fax: 406-373-2490
email: scott.stiegler@moore.k12.mt.us

Classified Employment Application

Moore Public Schools
509 Highland Avenue
Moore, Montana 59464

Name: _____ Social Security # _____
 Last First MI

Address _____ Phone # _____
 Street City State Zip
Email _____

For which position are you applying? _____

Is this a paid position or volunteer? _____

EDUCATION: Name/Location of School Years attended Degree/Diploma/Certificate

College: _____

Trade School: _____

High School: _____

Previous Employment: (list most recent first)

Employer (and dates)	Address	Phone	Your position/Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list three references (not relatives) including former employers, who have first-hand knowledge of your character and professional abilities:

NAME	ADDRESS	CONTACT INFO	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When completing this form, carefully read the directions and provide all information requested. Please forward this application to the superintendent of Moore School at the above address. No action will be taken until your application and requested information have been received. Applicants will be notified if and when a personal interview is desired. Applications received after the advertised deadline will not be considered.

I voluntarily give Moore School District the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and understand this information will be kept confidential. I understand that misrepresentation of any fact herein shall be the grounds for termination of employment.

Signed: _____ Date: _____

Moore Public School strictly observes both the particular requirements and the spirit of all state and federal anti-discrimination laws including, but not confined to, those dealing with race, color, religion, national origin, age, sex, marital status and handicapping condition.

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I, _____, am seeking employment with the Moore Public Schools, District 44. A background check is required for those staff members who are unsupervised in the presence of children. I acknowledge that a complete investigation into my background may be necessary to protect the safety and welfare of the children. I hereby expressly and voluntarily give the District the right to thoroughly investigate 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 District and its agents. I understand that the 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 District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, 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 (First, Middle, Last): _____

Print Full Address (City, State, Zip): _____

Date of Birth: _____

Social Security#: _____

Equal Opportunity Employer

Moore Public Schools 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 generic 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 1-9 of the U.S. Department of Justice.

Drug-Free/Tobacco-Free Policies

The 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 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 may result in the 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 or omission of information or alteration of this application form does constitute 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: _____

EMPLOYMENT PREFERENCE FORM

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 District 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.

To claim Veterans' Employment Preference, you must be a U.S. Citizen and (please put an "X" in 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 veteran's disability prevents him or her from working,

The un-remarried, 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 un-remarried widow of the father of the veteran.

To claim Montana Persons with Disabilities Employment Preference, you must be:

A person with a disability certified by DPHHS,

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.

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

A document issued by the Office of the Adjutant General of the Montana National Guard certifying service

Applicant Signature:

Date:

Notice to all Moore Public School Applicants

Fingerprints and Criminal Background Investigations

The following applicants for employment and/or applicants seeking approval to be placed on the District on-call substitute list will be required as a condition of employment to authorize, in writing, a name-based and fingerprint criminal background investigation to determine if they have been convicted of certain criminal or drug offenses:

- All certified teachers and all support/classified personnel seeking full or part-time employment within the District.
- All coaches seeking employment within the District.
- Any employee of a person or firm holding a contract with the District, if the employee is assigned to the District.
- All on-call substitutes (both classified and certified).

NAME: _____

I understand my offer of employment with Moore Public Schools, District 44, is contingent upon the acceptable outcome of a criminal background check.

If the District, in its sole discretion, is not satisfied with the outcome of the criminal background check, I agree that it shall be cause for termination of my employment relationship with the Moore Public School District.

I hereby acknowledge I have read and understand the above statement.

Signature

Date

NCPA/VCA APPLICANTS

To: _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to the Moore Public School District for the position of: _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1988), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, a political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: (First/Middle/Last)

Maiden Name (if applicable): _____

Date of Birth: _____

Address (City/State/Zip): _____

Check all that apply:

_____ I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]: _____

_____ I have not been convicted of, nor am I under pending indictment for, any crimes.

_____ I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to the Moore Public School District.

Sign: _____

Date: _____

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 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 the 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 birth date. Pursuant to the 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, may be 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) or 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 NGI, 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 with additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing the requested information. In addition, any such agency in the 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).
the other qualified entity.