

**Twin Bridges Public Schools  
School District No. 7  
INFORMATION TO APPLICANTS FOR CLASSIFIED POSITION**

Thank you for your interest in the Twin Bridges Public Schools. The following outline describes the procedures for filing an application for a classified position in School District No. 7.

**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.
5. **Fingerprint Background Check:** To be provided upon employment.
6. **TB Test:** To be provided upon employment

**Contact:** Tara Metully-Rhea  
Business Manager  
James Baldwin  
Superintendent  
School District No. 7  
Twin Bridges Public Schools  
PO Box 419  
Twin Bridges, MT 59754  
(406) 684 - 5657

**Twin Bridges Public Schools District No. 7**

216 W. 6<sup>th</sup> Ave. / PO Box 419  
Twin Bridges, MT 59754  
(406) 684-5657  
Fax: (406) 684-5458

**CLASSIFIED APPLICATION**

Twin Bridges Public Schools District No. 7 is an equal opportunity employer that encourages applications regardless of race, religion, sex, age, national origin or handicap.

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against an applicant for employment in violation of state or federal law.

Name: \_\_\_\_\_  
Last First Middle Initial

Physical Address and Mailing Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_  
Home Cellular Work

Social Security Number: \_\_\_\_\_

For What Particular Position Are You Applying For? \_\_\_\_\_

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**AVAILABILITY:**

When can you begin work? \_\_\_\_\_

Will you accept?

\_\_\_\_\_ Permanent Full-Time \_\_\_\_\_ Part Time (less than 40 hr/wk)

\_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

Are you interested in substitute employment? Yes No

\_\_\_\_\_ Teacher \_\_\_\_\_ Custodial \_\_\_\_\_ Kitchen

\_\_\_\_\_ Bus Driving – Do you have a Montana State CDL license? Yes No

**EDUCATION:**

	Name & Location of School	Degree	Date Graduated	Major & Minor Fields
High School				
College/University				
Graduate/Tech School				

**WORK EXPERIENCE:** (Begin with the most recent)

Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Job Title and Duties: \_\_\_\_\_

Dates Employed: From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Job Title and Duties: \_\_\_\_\_

Dates Employed: From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Job Title and Duties: \_\_\_\_\_

Dates Employed: From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Please list Professional Licenses, Certificates, or Registrations:

License or Certificate Type: \_\_\_\_\_

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

Name and address of issuing agency: \_\_\_\_\_

Do you hold a valid Montana Teaching Certificate?    Yes    No    If yes, Folio Number \_\_\_\_\_

Class \_\_\_\_\_    Level \_\_\_\_\_    Endorsements \_\_\_\_\_

**SKILLS:** COMPLETE THIS SECTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.

A. EQUIPMENT – Check the types of equipment you can operate and specify the name or model of the equipment which you have used.

Word Processing/Computers \_\_\_\_\_

Mechanical Equipment \_\_\_\_\_

Food Service Equipment \_\_\_\_\_

Custodial Equipment \_\_\_\_\_

Maintenance Equipment \_\_\_\_\_

Other Equipment \_\_\_\_\_

B. SPECIAL SKILLS – What skills do you possess that qualify you for the position for which you are applying?

\_\_\_\_\_

C. SPECIAL QUALIFICATONS: What special work experience, training, or other qualifications do you have which you feel will make you successful in the position you are seeking?

\_\_\_\_\_

\_\_\_\_\_

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**PROFESSIONAL DATA:**

Are you working at the present time? \_\_\_\_\_ If so, where? \_\_\_\_\_

Work Phone Number \_\_\_\_\_

May we contact your references for recommendations, including your present employer    Yes    No

If no, please explain \_\_\_\_\_

Please indicate the areas where you have the experience or ability to assist in our extra-curricular programs. This includes areas such as music, publications and athletics.

\_\_\_\_\_

**REFERENCES:** Give as references persons who are qualified to attest to your ability and character for the position you seek. Do not use relatives and **DO NOT SAY, "REFER TO MY RESUME"**.

Name and Title of Reference	Name of Business or School	Address and Telephone Number

**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 or second 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 or second degree criminal mistreatment, child abuse, 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 named?
 

Yes	No
-----	----
  
- b. Found in any dependence action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have sexually assaulted or exploited any minor or to have sexually abused any 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
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Such convictions will not necessarily be a ban from employment. (An inquiry to the Montana State Patrol and/or state or federal law enforcement agency will be made.)

**IMPORTANT:**

All of the information I have provided in this application is true, correct and complete. I hereby authorize Twin Bridges Public Schools District N. 7 to inquire as to my record with any of my former and/or current employers or references with no liability arising therefrom. I agree that information provide 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 statement, 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

**THIS SECTION WILL BE REMOVED BEFORE FILE EVALUATION**

Name:

\_\_\_\_\_

Last	First	Middle	Date
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**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 numbers, and to prevent discrimination. This information will be confidential and will not be filed with or made a part of your application.

**SEX:**      Male      Female      **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 major life activities, or has a record of such an impairment, or is regarded as having such an impairment?”) If yes, please explain.

No      Yes \_\_\_\_\_

**VETERAN:**

Are you a disabled American Veteran?                      No      Yes

Are you a Vietnam Veteran? (08/05/64 – 05/07/75)      No      Yes

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