

Application Deadline _____ Application Received _____
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Plevna School District #55  
PO Box 158, 327 N. Main St.  
Plevna, Montana 59344  
Phone: (406) 772-5666~ Fax: (406) 772-5548

### Information for Applicants for Classified and Substitute Position

Thank you for your interest in working for the Plevna Schools. The following outline describes the procedure for filing an application for a classified position at Plevna School District #55.

All substitute teachers must complete the online substitute course through the Office of Public Instruction Learning Hub. This is a three-hour course for which you will receive a certificate that must be submitted to the office prior to substitute teaching for the District.

[www.opi.mt.gov/learninghub](http://www.opi.mt.gov/learninghub)

Create an account

Choose Self-Paced Courses

Choose Welcome to Our School! An Introduction for Substitute/Guest Teachers

Take the following course:

This course will address professionalism, legal aspects, classroom management, and strategies to successfully serve as a substitute or guest teacher. This course is designed to meet the three-hour training requirement described in [Administrative Rules of Montana 10.55.716](#).

- Self-paced
- 3 OPI renewal units
- To enroll, click on the course name then "Enroll me" button

### APPLICATION PROCEDURE

#### **Documents Required**

1. District Application and Employment Policies (attached)
2. Letter of Application
3. Resume
4. Transcripts of all College Work Attempted
5. Letters of Recommendation--Three current letters of recommendation are required.

\*\*All materials must be received by the advertised deadline for the application to be considered.

#### **Processing Applications**

1. **Initial Screening**-The superintendent will perform an initial screening to check for completeness and to verify that the applicant meets the minimum qualifications advertised in the job announcement. Applications that are not complete will not be considered. Complete applications received after the deadline will be kept on file but will not be considered.
2. **Final Screening**-The supervisor(s) directly responsible for supervision will screen all of the applications and check references on those candidates being considered for interviews. They will recommend candidates for interviews. There may be more than one cycle of interviews.

3. **Interview**-Interviews will be conducted by the superintendent or supervisors directly responsible for supervision. Each candidate will be asked to respond to the same standard series of questions. Candidates not selected for interviews will be notified by mail as soon as possible.
4. **Selections and Notification**-All finalists may be notified by phone within 48 hours of the last interview, if possible. The applicant selected will be hired pending approval of the Board of Trustees as required by Montana statutes.

## EMPLOYMENT POLICIES

### **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, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender when the reasonable demands of the position do not require any 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.

### **Retention of Applications**

The files will be retained on inactive status until April 1. To apply for another position during that period a candidate must submit a letter of application for the specified vacancy, at which time their file will be reactivated. All inactive files will be culled on April 1, unless a letter has been received requesting the file be retained for another year.

### **Proof of Employment**

Any applicant chosen for employment must be able to produce **within three days of hire**, documentation that he/she is authorized to work in the United States, pursuant to Form I-9 of the U.S. Department of Justice.

### **Background Check**

Fingerprint background checks will be conducted on each candidate chosen for employment. Potential employees may be denied employment on the basis of the results of the background check.

### **Drug Free/Tobacco Free Policies**

Our school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

### **Probationary Period**

There is an automatic six-(6)-month probationary period for all newly hired employees.

### **Acknowledgement**

I understand that no offer of benefits, such as but not limited to, a pension plan, health insurance, vacation or salary rate, is final until it has been reviewed by the Personnel/Business Office , and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the above policies of employment.

Applicant Signature/Date \_\_\_\_\_

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

Title VII of the U.S. Civil Rights Act requires the State of Montana to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices.

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

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

**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 impairment, or is regarded as having such impairment?") If yes, please explain.

\_\_\_\_\_ No \_\_\_\_\_ Yes

<b>VETERAN:</b>		
Are you a disabled American Veteran?	Yes	No
Are you a Vietnam Veteran?	Yes	No

**CLASSIFIED AND SUBSTITUTE POSTION EMPLOYMENT APPLICATION**

Plevna School District #55

PO Box 158, 327 N. Main St.  
Plevna, Montana 59344  
Phone: (406) 772-5666  
Fax: (406) 772-5548

Type or print legibly in ink. This application must be completed in full. We will not accept "see resume". All statements are subject to verification. **Keep a copy of your completed application and attachments as they will not be returned.** This application and all accompanying material will be retained for one year.

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

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Social Security No: \_\_\_\_\_

Residence Phone No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Cellular Phone No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone No. \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address \_\_\_\_\_

**Previous School District Experience:**

**Education**

	Name, City and State	From/To	Degree/Diploma/Certificate	Major Subject
High School or Equivalent				
College or University				
Seminars or Workshops				
Special Training				

**PREVIOUS WORK EXPERIENCE** (List current and former employers beginning with the most recent, attach separate sheets if necessary.)

Company Name: Address: Phone: Supervisor Name: May we contact this employer ___ Yes ___ No Reason for leaving:	Dates Employed (M/D/Y) From: To: Hours per week: Salary/Wage:	Job Title Duties:	# of Employees Supervised
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Company Name: Address: Phone: Supervisor Name: May we contact this employer ___ Yes ___ No Reason for leaving:	Dates Employed (M/D/Y) From: To: Hours per week: Salary/Wage:	Job Title Duties:	# of Employees Supervised
Company Name: Address: Phone: Supervisor Name: May we contact this employer ___ Yes ___ No Reason for leaving:	Dates Employed (M/D/Y) From: To: Hours per week: Salary/Wage:	Job Title Duties:	# of Employees Supervised

HAVE YOU WITHIN THE LAST TEN YEARS BEEN: (if yes answer, attach statement of explanation?)

a. Convicted of any crime against persons (aggravated 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, or 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; first or second degree rape of a child; 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 have been previously named or as they may be renamed?  
 \_\_\_ No \_\_\_ Yes

b. Found in any dependence action or by a court in a domestic relations proceedings or in any disciplinary board final decision to have sexually assaulted or exploited any minor, or to have sexually abused any minor.  
 \_\_\_ No \_\_\_ Yes

c. Released from prison or convicted of any offense that involved drugs.  
 \_\_\_ No \_\_\_ Yes

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?  
 \_\_\_ No \_\_\_ Yes

e. Convicted of a felony other than those previously listed.  
 \_\_\_ No \_\_\_ Yes

\*\*Such charges/conviction will not necessarily be a bar from employment. (An inquiry to the Montana State Patrol and/or Federal Law Enforcement Agency will be made.)

**Applying for:**

Do you desire full-time work \_\_\_ Yes \_\_\_ No  
 Will you accept part-time work \_\_\_ Yes \_\_\_ No  
 Are you interested in substituting \_\_\_ Yes \_\_\_ No

When are you available for work \_\_\_\_\_

All of the information I have provided in this application is true, correct and complete. I authorize School District No. 55 to inquire with current and former employers or references and obtain any and all information regarding my job-related background. I also authorize School District No. 55 to check for any conviction(s) on record. I release and waive School District No 55 my employers, and all references from any and all liability in obtaining such information. I agree that if I have provided false or incomplete statements, the District may, at its sole discretion, without notice or due procedures, terminate my employment.

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Signature

Date

Contact:

Nicole Buerkle, District Clerk,  
or  
Jule Walker, Superintendent  
PO Box 158, 327 N. Main St.  
Plevna, Montana 59344

Telephone: (406) 772-5666 Fax: (406) 772-5548

E-mail: [julew@plevna.k12.mt.us](mailto:julew@plevna.k12.mt.us) or  
[jule\\_walker@metnet.mt.gov](mailto:jule_walker@metnet.mt.gov)

*PLEVNA SCHOOL DISTRICT # 55 is an EQUAL OPPORTUNITY EMPLOYER*

## Applicant Rights and Consent to Fingerprint

5122F

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>8</sup> by Plevna School District that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>9</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>10</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [dojitsdpublicrecords@mt.gov](mailto:dojitsdpublicrecords@mt.gov) or 406-444-3625.

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.*

Signed:

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Name \_\_\_\_\_ Date \_\_\_\_\_

<sup>8</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>9</sup> See 28 CFR 50.12(b).

<sup>10</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

# 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 (write in Agency or Entity name) \_\_\_\_\_ for the position of (please be specific) \_\_\_\_\_.

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 1998), 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, 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  Maiden  Last

Date of Birth: \_\_\_\_\_

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

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 Plevna School District.

\_\_\_\_\_  
 Signature of Applicant  Date



**APPLICANT'S COPY**

**APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF  
1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT**

5122F

To Whom It May Concern:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to Plevna School District (the District) for the position of (please be specific) \_\_\_\_\_.

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 1998), 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.

Pursuant to the VCA, the district (a) to which you have applied for employment or to serve as a volunteer, or (b) by which you are employed or serve as a volunteer requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The district conducting this background check may use the resulting record only for the authorized purpose(s) and will not retain or disseminate it in violation of federal statute, regulation, or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. 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, 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).
3. 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.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. If district policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the district policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks> or by contacting Montana Criminal Records and Identification Services at PO Box 201403, Helena MT 59620. 28 CFR, 16.30 through 16.34.
5. Prior to the completion of the background check, the district may choose to deny you unsupervised access to a person to whom the district provides care.

The Superintendent 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 Board of Trustees. The district shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: \_\_\_\_\_

### 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 (write in Agency or Entity name) \_\_\_\_\_ for the position of (please be specific) \_\_\_\_\_.

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 1998), 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.

4. 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, 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).
5. 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.
6. 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 Maiden Last  
 Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

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 Plevna School District.

\_\_\_\_\_  
Signature of Applicant Date