



FLORENCE-CARLTON SCHOOL DISTRICT NO. 15-6
BUSINESS MANAGER / CLERK APPLICATION

Today's Date _____

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

PRESENT EMPLOYMENT

Current Employer _____

Employer's Address _____

City/State/Zip _____

Current Supervisor _____

If current position is school related, district's enrollment _____ Annual Budget _____

Are you currently under contract? _____

How much notice must be given to your current employer? _____

EDUCATIONAL BACKGROUND (please enclose copies of your transcripts)

College/University	Location	Major/Minor	Degree	Graduation Date

SUMMARY OF EXPERIENCE (List all experience starting with the most recent. Please include both school and non-school experience)

From/To	Employer	Position	Supervisor/Phone

List all professional organizations and your involvement _____

Have you ever been convicted of any crime or had a driver's license revoked? _____ If yes, please explain _____

Have you ever applied for work under any other name? If so, what name? _____

List three people who have the best insight as to your accounting abilities & style of supervision

Name	Title	Daytime Telephone

Which of the following may we contact?

References?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Board of Trustees?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Supervisors?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Co-Workers?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Please answer the following questions in your own handwriting in 200 words (per question) or less (using another piece of paper):

1. Why do you want to work for the Florence-Carlton School District?
2. Explain your experience with GAAP.
3. What is your leadership/supervisory style?

Use this space to provide information as to why you feel you are qualified for this position.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorized and request any and all of my former employers and any other person to furnish the District, or any agent acting on its behalf, any information they may have concerning my former employers, a history of my employment by them and the reasons for the termination thereof. Moreover, I hereby release each such employer and any and all other persons from any and all liability by reason of furnishing such information to the District or any agent acting on its behalf.

I understand that omission and/or misrepresentation of material and information given on my application or interview(s) may result in refusal or separation from employment with the Florence-Carlton School District. I agree that employment shall be in all respects subject to the rules, regulations and policies of the Florence-Carlton School District. I agree to undergo a thorough background check and fingerprinting process.

Applicant's Signature _____

Printed Name _____

Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for a position without regard to race, color, sex, national origin, age, marital status, religious preference, or presence of any physical or mental disability, except insofar as such factors are valid occupational qualifications.

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment with the Florence-Carlton School District 15-6. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children. I hereby expressly and voluntarily give the 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 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 for 90 days or 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 No.: _____

State of _____)
County of: _____) :ss.

On this ____ day of _____, 20__, before me, a notary public for the State of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged that he/she executed the same as his/her free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public for the State of _____
County of _____
My commission expires _____

Equal Opportunity Employer

The Florence-Carlton School District 15-6 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 genetic 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 I-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 form, may result in 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, omission of information or alteration of this application form constitutes 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 unremarried 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, **OR**
- ☐ **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 Florence-Carlton School Applications

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 he/she has 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 with 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)

Any requirement of an applicant to submit to a fingerprint background check shall be in compliance with the Volunteers of Children Act of 1998 and applicable federal regulations. If an applicant has any prior record of arrest or conviction by any local, state, or federal law enforcement agency for an offense other than a minor traffic violation, the facts must be reviewed by the Superintendent, who shall decide whether the applicant shall be declared eligible for appointment or employment or selection to be placed on the on-call substitute list. Arrests resolved without conviction shall not be considered in the hiring/selection process unless the charges are pending.

Name (Please print) _____

I understand my offer of employment with the Florence-Carlton School District #15-6 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 Florence-Carlton School District.

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

Signature

Date