

Choteau Public School

CHOTEAU, MONTANA 59422

Chuck Gameon, SUPERINTENDENT

Wendi Hammond, HIGH SCHOOL PRINCIPAL, Asst. AD
204 7th Ave N.W.

(406)466-5303 PHONE

(406)466-5305 FAX

School District No. 1

Lane Yeager, BOARD CHAIRMAN

Patty Mellinger, CLERK

Chuck Gameon, ELEMENTARY SCHOOL PRINCIPAL
102 7th Ave N.W.

(406)466-5364 PHONE

(406)466-5362 FAX

APPLICATION FORM FOR NON-CERTIFIED PERSONNEL

Date of Application _____

Name _____
(last) (first) (middle initial)

Home Address _____
(Street/P.O. Box) (City) (State) (Zip Code)

Phone _____ Email _____
(Area Code)

Position for which you are applying _____

Last Position Held _____ How Long Employed _____

Date you are available to start work _____

PERSONAL DATA AND QUALIFICATIONS

Does your general health allow you to fully complete tasks for the job that you are applying: _____ (A physical examination maybe be required before beginning work.)

Do you have any physical limitations that require any special environmental accommodations not ordinarily found in schools, if so please describe:

EDUCATIONAL TRAINING

Name of School and Location. Indicate High School, College, etc.	Dates Attended	Credits	Major Areas of Study	Diploma/Degree or Course Completed

EMPLOYMENT EXPERIENCE

List in chronological order beginning with the most recent, your employers for the past five years, and any other experience related to the job for which you are applying.

EMPLOYER	CITY/STATE	PHONE #	IMMEDIATE SUPERVISOR	DATES EMPLOYED

SPECIAL JOB RELATED SKILLS YOU POSSESS

REFERENCES

Give as references those persons who can speak about your qualities as they relate to the position that you are seeking. Include persons for whom you have worked and those who know your abilities and character (do not use relatives).

Name and Title of Reference	Address	Phone Numbers (both home and work numbers)

“All programs and opportunities at Choteau Schools are offered without regard to race, color, national origin, sex or disability.”

VOLUNTEERS FOR CHILDREN ACT
(This document consists of two pages)

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to Choteau Public Schools 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 entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which 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 entity 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 agency policy permits, its officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If the entity 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 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

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: _____
Street Apt.

_____ 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.

Your signature below acknowledges this entity has informed you of your privacy rights for fingerprint-based background check requests used by the entity for non-criminal justice purposes.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Date Signature of Applicant