

COLUMBUS SCHOOL DISTRICT

415 North 3<sup>rd</sup> Street  
Columbus, MT 59019  
(406) 322-5375

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the superintendent.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source (if any)

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone No. (\_\_\_\_)\_\_\_\_\_ Other Phone No. (\_\_\_\_)\_\_\_\_\_ Social Security # \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_ If yes, give date(s) \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ If yes, give date(s) \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ Date available for work \_\_\_\_\_

Type of employment desired Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

Will you relocate if job requires it? \_\_\_\_\_ Will you travel if job requires it? \_\_\_\_\_

Will you work overtime if required? \_\_\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_  
Have you ever been bonded? \_\_\_\_\_

Have you been convicted of a crime in the last 7 years? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_  
CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary.) Explain any gaps in employment in the comments section below.

Employer:	Telephone:	From (Date)	To (Date)	Summarize the type of work performed and job responsibilities
Address:		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary	
Immediate Supervisor and Title				
Reason for leaving:				
May we contact this employer for a reference?    Yes                      No                      Later				
Employer:	Telephone:	From (Date)	To (Date)	Summarize the type of work performed and job responsibilities
Address:		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary	
Immediate Supervisor and Title				
Reason for leaving:				
May we contact this employer for a reference?    Yes                      No                      Later				
Employer:	Telephone:	From (Date)	To (Date)	Summarize the type of work performed and job responsibilities
Address:		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary	
Immediate Supervisor and Title				
Reason for leaving:				
May we contact this employer for a reference?    Yes                      No                      Later				

**COMMENTS** – Include explanation of any gaps in employment.

**SKILLS AND QUALIFICATIONS** – Summarize any special training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

A. List the last (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable.)

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE/ DIPLOMA	D. GPA/CLASS RANK	E. MAJOR	F. MINOR

**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic associations and nay offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.

ORGANIZATION	OFFICES HELD

I understand that if I am employed, any misrepresentation or material omission made by me may be cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

I understand it is the school's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I further agree to allow the District to conduct a pre-employment background check through the use of fingerprinting, past-employment information checks, Social Security number cross referencing, driver's license information, etc., in order to ensure the safety and welfare of our workplace environment and safeguard the security of our students.

I represent and warrant that I have read and fully understand the forgoing and see employment under these conditions.

Signature of Applicant

\_\_\_\_\_ Date