

CLASSIFIED EMPLOYEE APPLICATION FORM

Name: _____

Address: _____

Phone Number: _____

Present Position _____ Desired Position: _____

Are you an American Citizen? _____ Yes _____ No

Have you ever been arrested for or convicted of a crime/sex offense against a child? _____ No _____ Yes

If so, when:

Have you ever been convicted of a felony? _____ No _____ Yes

If yes, explain: _____

References

Name	Address	Position	Phone Number
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Educational Training (Please list last school attended first)

<u>Name of School</u>	<u>Location</u>	<u>Graduated (Y/N)</u>	<u>Degree Earned</u>
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Veteran's Preference (NDCC 37-19)

Do you claim Veteran's Preference? _____ No _____ Yes

(Attach report of Separation DD-214)

Do you claim Disabled Veteran's Preference? _____ No _____ Yes

(Attach current VA Disability Certification and Report of Separation DD-214)

Nondiscrimination Policy

You Are Hereby Notified that the Billings Co. Public School District No. 1 does not discriminate on the basis of sex in the educational programs or activities which it operates, and that it is required by Title IX and part 86 of the Department of Health, Education and Welfare regulations not to discriminate in such a manner. This requirement not to discriminate extends to educational programs and activities, as well as to employment herein. You Are Further Notified that the Billings Co. Public School District No. 1 does not discriminate in services or employment practices on a basis of handicap, in accordance with North Dakota Century Code 15-59-04, 48-02-19, or PL 94-142, Section 504 of the Vocational Rehabilitation Act of 1973, and as amended. In addition, Billings Co. Public School District No. 1 does not discriminate on the basis of color, race, creed or national origin.

You Are Further Notified that inquiries concerning the application of Title IX, 504, or other issues of equal opportunity may be referred to the Business Manager, who has been designated as the person responsible for coordinating the efforts of the Billings Co. Public School District No. 1 to comply with and carry out these responsibilities, including referral to the proper personnel for any investigation of complaints alleging noncompliance of practices, and violation of law or school board policy.

Work Experience (please list the past five years)

Name of Employer: _____

Name of Employer: _____

Dates of Employment: _____

Dates of Employment: _____

Location: _____

Location: _____

Supervisor: _____

Supervisor: _____

Job Title: _____

Job Title: _____

Reason for Leaving: _____

Reason for Leaving: _____

Name of Employer: _____

Name of Employer: _____

Dates of Employment: _____

Dates of Employment: _____

Location: _____

Location: _____

Supervisor: _____

Supervisor: _____

Job Title: _____

Job Title: _____

Reason for Leaving: _____

Reason for Leaving: _____

Special Skills:

Explain why you are interested in this position and why you think you should be hired:

If employed, the applicant agrees to accept assignment to building, subjects and activities as made by the school board or designated by administration. My signature certifies that all the information I have provided is factual.

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Billings Co. Public School District No. 1 and its agents with any and all information in their possession regarding me, in connection with an application for or retention of employment. **I also give the ND Dept. of Human Services and the County Social Service office permission to check for my name in child abuse or neglect files and the ND Child Abuse & Neglect Index, for a period not to exceed one year.** I hereby release from liability and hold harmless all persons and corporations supplying this information to the Billings Co. Public School District No. 1 and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.

Signature of Applicant

Date

Mail Application To: Billings Co. Public School Dist.
Box 307
Medora, ND 58645