

**EMPLOYMENT APPLICATION
NOXON PUBLIC SCHOOLS #10
300 NOXON AVE.
NOXON, MT 59853
406-847-8600**

Noxon Public Schools #10 is an equal opportunity employer. People of Disability may request reasonable accommodation in the hiring process by contacting the Human Resources Office.

APPLICATION INSTRUCTIONS

All sections of the application must be completed. Enter N/A into sections which are not applicable. A job application with an original signature must be submitted for each position. Applications that are not signed will not be considered. Resumes will not be accepted in lieu of an application.

JOB INFORMATION

Position applying for:

PERSONAL INFORMATION

Last Name:	First Name:	MI:
Address:		
City:	State/Province:	Zip Code:
Contact Phone:	Email:	

	YES	NO
Are you 18 years of age or older? If not, please state age:		
Are you a US citizen, permanent resident, or a foreign national with authorization to work in the US?		
Are you able with or without accommodation to perform the functions of this position?		
Have you ever been convicted of, or entered a plea of guilty, no contest, had a withheld judgment to a felony, have criminal charges pending, or been dishonorably discharged from the US Armed Services: If yes, please explain:		
Are you related to anyone who is a current District employee or a Board Trustee: If yes, please list name and job title:		

EDUCATION

SCHOOL	NAME	LOCATION	MAJOR	# CREDITS	GRADUATED Y or N	DEGREE ATTAINED
High School						
College						
College						
College						
Vocational or Other School						

ADDITIONAL LICENSES OR CERTIFICATIONS

	YES	NO
Are you applying for a job that requires a MT Driver's License? If yes, license number and expiration date:		
Are you applying for a job that requires a MT Commercial Driver's License? If yes, license number and expiration date:		
Are you MHSA Coach Certified: If yes, expiration date:		
Are you applying for a job that requires a State of Montana Educator License?		
If you do not have a State of Montana Educator License, do you have the ability to attain one within 45 days of hire?		
State of Montana Educator License holders complete below:		
Folio #:	Class:	Level:
Expiration Date (--/--/--):		
Endorsements:		

ADDITIONAL SKILLS OR QUALIFICATIONS

List any other experience, skills, licenses, or qualifications which you believe are applicable.

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EMPLOYMENT HISTORY

Employer:	Start Date:	End Date:
Supervisor Name:	Contact Number:	
Address:		
City:	State:	Zip Code:
Job Title:	Hours per week:	
Reason for leaving:		
Brief Work Description:		

Employer:	Start Date:	End Date:
Supervisor Name:	Contact Number:	
Address:		
City:	State:	Zip Code:
Job Title:	Hours per week:	
Reason for leaving:		
Brief Work Description:		

Employer:	Start Date:	End Date:
Supervisor Name:	Contact Number:	
Address:		
City:	State:	Zip Code:
Job Title:	Hours per week:	
Reason for leaving:		
Brief Work Description:		

Employer:	Start Date:	End Date:
Supervisor Name:	Contact Number:	
Address:		
City:	State:	Zip Code:
Job Title:	Hours per week:	
Reason for leaving:		
Brief Work Description:		

PROFESSIONAL REFERENCES

Name:	Relationship:
Contact Number:	Email:

Name:	Relationship:
Contact Number:	Email:

Name:	Relationship:
Contact Number:	Email:

I understand and agree that I may be subject to immediate dismissal from employment if it shall be subsequently determined or discovered that the answers herein and in any application supplements are untrue or that I have failed to disclose a material fact.

I authorize investigation of all statements and matters contained in this application that Noxon Public Schools #10 (District) may deem relevant to my employment, and I authorize all my previous employers or persons having information concerning me or my record to report such information to the District. I release each such person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures whether favorable or unfavorable.

I agree, if employed, to devote my best efforts to the performance of my duties, to comply with all rules and policies of the employer, and to obey all lawful directives of supervisors designated by the employer. It is understood and agreed that, in the event I am employed by the District, a physical exam may be required and equal opportunity information may be requested. I understand that the District Requires a drug, tobacco, and weapon free work site and premises.

I have read and understand all portions of this application and supplements and have answered all questions completely and truthfully.

Applicant Signature

Date