

Choteau Public School

CHOTEAU, MONTANA 59422

Matthew Genger, SUPERINTENDENT

Matthew Cornelius, HIGH SCHOOL PRINCIPAL

204 7th Ave NW

(406)466-5303 PHONE

(406)466-5305 FAX

School District No. 1

Levi Hodgskiss, BOARD CHAIRMAN

Patty Mellinger, CLERK

Rachel Christensen, ELEMENTARY SCHOOL PRINCIPAL

102 7th Ave NW

(406)466-5364 PHONE

(406)466-5362 FAX

Administrator Application

Name _____
Last First Middle

Address _____
Street/Box City State Zip

Phone _____

E-mail _____

Position for which you are applying: _____

List all positions in which you are endorsed: _____

List all extra-curricular activities in which you are qualified:

EDUCATION

Name of School Start with most recent and go back to high school.	Dates	Degree Earned

EDUCATION EMPLOYMENT INFORMATION

Name of School	Dates	Number of Years	Courses Taught

CERTIFICATION

Do you hold a valid Montana Administrative Certificate? _____

Class of Certification: _____

Level of Certification: _____

Expiration Date: _____

Endorsements: _____

If you do not hold a valid Montanan Administrative Certificate, please explain:

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

HONORS AND ACCOMPLISHMENTS

PROFESSIONAL ORGANIZATIONS

INTERESTS AND ACTIVITIES

REFERENCES

Give as references those persons who can speak about your qualities as they relate to the position that you are seeking. Include employers, supervisors, colleagues, and those you know your abilities and character.

<u>Name and Title</u>	<u>School or Company</u>	<u>Phone Number</u>

IMPORTANT

Please have the following information to Choteau Schools by the deadline for this position:

- Resume
- Letter of Intent
- District Application
- Five (5) Letters of Reference
- College Transcripts

Faxed or emailed material will not be accepted.

Please return your application to: Choteau Public Schools
Attn: Superintendent
204 7th Ave. NW
Choteau, MT 59422

I certify that the statements contained herein are true:

Applicant's Signature	Date
-----------------------	------

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ by _____ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes 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.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency 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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at DOJCRISS@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name	Date

¹ Written notification includes electronic notification but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 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).

NCPA/VCA Applicants

To _____:

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to (write in Agency or Entity name) _____ 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.

1. 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).
2. 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.
3. 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

Date of Birth: _____

Address: _____

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

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to _____

Signature of Applicant

Date