

Powell County High School
 709 Missouri Avenue
 Deer Lodge, MT 59722
 406-846-2757

EMPLOYMENT APPLICATION

An equal opportunity employer

PERSONAL

Name _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
 (Area Code)

Driver's License Number _____ State _____ Exp. Date _____

Have you ever been convicted of a felony in the last seven years? Yes No Explain Felony _____

Are you a citizen of the United States? Yes No _____

JOB INTEREST/SKILLS

Position(s) applying for _____ Salary desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____

Summarize any other special skills or qualifications

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER EDUCATION				
OTHER EDUCATION				

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____
Address _____
(Street) (City) (State) (Zip Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____ Starting Salary _____ Ending Salary _____
Work Performed _____
Reason for leaving _____

2. Name of Employer _____
Address _____
(Street) (City) (State) (Zip Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____ Starting Salary _____ Ending Salary _____
Work Performed _____
Reason for leaving _____

3. Name of Employer _____
Address _____
(Street) (City) (State) (Zip Code)
Supervisor and Title _____ Your Title _____
Employed From _____ To _____ Starting Salary _____ Ending Salary _____
Work Performed _____
Reason for leaving _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

(Some districts require final candidates to be background checked as well as pay for their own background check. Candidates should contact applicable districts to determine background check status and costs.)

I, _____, and seeking employment with the _____ School District ("District"). I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the District. I hereby expressly and voluntarily give the District the right to make a thorough investigation of my past employment, education and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, including criminal justice information as defined in section 44-5-103(3), and 41-3-205(3)(0) MCA, to the staff of the District and its agents. I understand that the District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly above, from any liability for damage which may result from any dissemination of the information requested above subject to the provision of Title 44, Chapter 5, Part 3 and Title 41, chapter 3, MCA.

This document is effective until revoked in writing by me.

PRINT FULL NAME: _____

PRINT FULL ADDRESS: _____

City State Zip

ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, before me, a notary public of the State of _____, personally appeared _____, known to me to be the person named in the foregoing release, and acknowledge to me that _____ executed the same as _____ free act and deed. for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public Signature
State of _____
County of _____
My commission expires _____