

Poplar School District

PO Box 458, Poplar, Montana 59255

Poplar School District Teacher Application

Instructions and Information

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. Do not complete the application by stating “see attached resume.”

- The following application material must be submitted to be considered:
 1. A completed Application Form.
 2. A cover letter.
 3. Three (3) letters of professional reference OR
 4. Your university placement file.
 5. A copy of your transcripts.
 6. A copy of your current certificate.
- Application materials may be submitted in person, by mail, email, or fax.
- All jobs are posted until filled.
- Application and supporting materials will not be returned.
- Background checks will be performed on all candidates. The Disclosure and Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

Submit completed applications to:

Jessie Murray: HR Manager
Jessie.murray@poplarschools.com
Poplar School District
P.O. Box 458
Poplar, MT 59255
(406) 768-6601

DIRECT ALL QUESTIONS TO THE BUILDING LEVEL ADMINISTRATOR

John Wetsit-Elementary Principal (K-4): John.Wetsit@Poplarschools.com

Morgan Norgaard-Middle School Principal (5-8): Morgan.Norgaard@Poplarschools.com

Frank Gourneau-High School Principal (9-12): Frank.Gourneau@Poplarschools.com

PLEASE TYPE OR PRINT CLEARLY USING A PEN

Today's Date: _____

SSN: _____

Name: _____

Address: _____

Previous Name(s): _____

Home Phone No.: _____

Work Phone No.: _____

Do you hold a valid teaching/administration certificate? *If no, please give details in your letter of application.*

Montana _____ Expiration Date: _____

Other State _____ Expiration Date: _____

Email: _____

Please answer the following questions:

1. Do you have the legal right to work in the United States?

_____ Yes _____ No

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

_____ Yes _____ No

3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

_____ Yes _____ No

If yes, please explain. Include the date of discharge or resignation and the reason for discharge or resignation.

4. I hereby certify that (check the applicable box and provide the information requested):

() I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/ no contest (minor traffic offenses excepted).

() I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration from employment.)

Employment Record

List your employment, with your most recent employment first. Describe your employment history, accounting for the last 5 positions held. You may include volunteer and paid experience. You may attach additional information.

Do you wish to be notified before we contact your current or previous employers?

_____ Yes _____ No

Most Recent:

Employer: _____

Position: _____ No. of years in position: _____

Address: _____

Contact: _____ Title: _____ Phone No.: _____

Reasons for Leaving _____

Past Employer:

Employer: _____

Position: _____ No. of years in position: _____

Address: _____

Contact: _____ Title: _____ Phone No.: _____

Reasons for Leaving _____

Past Employer:

Employer: _____

Position: _____ No. of years in position: _____

Address: _____

Contact: _____ Title: _____ Phone No.: _____

Reasons for Leaving _____

REFERENCES

Please list current information for five references below. Individuals listed below should be other than those who have submitted written letters of reference.

| <u>Name</u> | <u>Title</u> | <u>Address</u> | <u>Phone (home and work)</u> |
|-------------|--------------|----------------|------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

EDUCATION HISTORY

Highest Degree Earned: _____

List from most recent to least recent attendance

| <u>University/College</u> | <u>Location</u> | <u>Subject</u> | <u>Degree</u> | <u>Year</u> | <u>GPA</u> |
|---------------------------|-----------------|----------------|---------------|-------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Number of Years You Have Served As:

A Teacher: _____

A Coach: _____

Other: _____

List Occupation: _____

Do you have any special abilities or talents? (i.e., drama, music, sports, etc.)

Are you interested in coaching/extracurricular? If so what sports?

Equal Opportunity Employer

The Poplar School District prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

Proof of Employability, TB Test

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of certification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice. Similarly, a selected applicant must provide certification of having received tuberculin (TB) test within the past year. Verification must include the date of the test, the results of the test, and the signature of the person who conducted the test. It is policy to require verification of a TB from any candidate chosen from employment and to require submitted documentation of the results of a tuberculin (TB) test within seven days of employment.

Drug Free/Tobacco Free Policies

The school district is a drug and tobacco free school and, as such, requires all employees to adhere to specific drug free and tobacco free policies.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment.

Signature

Date

EMPLOYMENT PREFERENCE FORM

Name: _____ Social Security No.: _____
Position Applied for: _____ Job Title: _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicants score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order over any nonpreferred applicant holding substantially equal qualifications.

2. To claim Veterans' Employment Preference, you must be a U.S. Citizen and:

A Veteran, if

1. You have been separated under honorable conditions; and
2. You have served more than 180 consecutive days of active duty other than for training in the Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

1. You have been separated under honorable conditions from active duty; and
2. You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces; OR THE VETERAN has a service-connected, permanent, and total disability.
2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unmarried widow of the father of the Veteran.

3. Check the attachment you have included to document the preference request.

_____ DD-214 _____ Other

Signature

Date

AFFIRMATIVE ACTION INFORMATION – OPTIONAL

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: _____ Age: _____

Sex: _____ Ethnic Group: _____



AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment with the Poplar School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children. I hereby expressly and voluntarily give the School 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 confidential criminal justice information as defined in Section 44-5-103(3), MCA**, to the staff of the School District and its agents. I understand that the School 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 School District and any organization, company institution, or person furnishing information to the District and its agents as expressly authorized above, from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective for 30 days or until revoked, in writing, by me.

Signature: _____ Date: _____

Print Full Name: _____
 First Middle Last

Print Full Address: _____
 City State Zip

Date of Birth: _____ Social Security No.: _____

State of _____

County of: _____

On this ____ day of _____, 2025, before me, a notary public for the state of _____, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged that he/she executed the same as his/her free act and deed, for the uses and purposes therein mentioned.

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

Notary Public for the State of _____
County of _____
My commission expires _____