

**Columbia Falls School District Six**  
**Application For Substitute Teacher or Paraeducator**  
**501 6<sup>th</sup> Ave West - P.O. Box 1259**  
**Columbia Falls, MT 59912**

Phone: 406-892-6550, Ext. 421

FAX: 406-892-6552

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated.

- In addition to the completed and signed form, please provide the following additional information:
  1. Current resume.
  2. Three (3) letters of recommendation, preferably from previous employers.
  3. Verification of a TB test (Tuberculosis).
    - a. Flathead County Health Department in Kalispell at 1035 1<sup>st</sup> Ave. West – (406)751-8110  
Open Monday, Tuesday, and Friday from 9:30-11:30 and 1:30-4:00  
Open Wednesday from 8:00-6:00  
No appointment necessary  
Cost: \$19.00
    - b. Flathead County Health Department in Columbia Falls at 31 7<sup>th</sup> St. West in the Volunteer Fire Station.  
Open the 2<sup>nd</sup> Tuesday of each month from 9:00-noon.  
No appointment necessary  
Cost: \$19.00
  4. Fingerprinting - This district requires final candidates to be background checked as well as pay for their own background check. Fingerprinting is done by appointment only; please call Karla Milhollen at 892-6550, ext. 421. Cost is \$27.25, payable by cash or check only, at the time of service.
- An application may be submitted in person, by mail, or by fax.
- Applications and supporting materials will not be returned. Please maintain a copy for your records.

**Please answer the following questions:** (if necessary, attach additional explanation on a separate sheet)

1. Do you have the legal right to accept 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 been disciplined by a current or previous employer, through the use of verbal warning and/ or suspension with or without pay? Yes ☐ No ☐ If yes, please explain
4. Have you received a letter of warning or letter of reprimand from a current or previous employer?  
Yes ☐ No ☐ If yes, please include a copy of said letter with your application packet.
5. Have you been released or discharged from employment or resigned to avoid such release or discharge?  
Yes ☐ No ☐ If yes, please explain, include date of discharge or resignation and reason for discharge or resignation:
6. Since you are applying for a position that involves working with children, please complete the following section:  
  
Have you served any portion of a criminal sentence or been convicted of any form of violence such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involved drugs?  
Yes ☐ No ☐ If YES, explain the nature of the crime, place, and date of correction or sentence.

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 may result in refusal of or separation from employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Application Form: Substitute Teacher / Paraeducator

### Requirements:

1. Current Resume
2. Three (3) letters of recommendation, preferably from previous employers
3. Verification of a TB test (tuberculosis)
4. Fingerprinting

Applicants for substitute teaching positions in Columbia Falls School District No. Six are required to complete this form to facilitate District record keeping.

Name:

Present Mailing Address:

Telephone:

How did you hear about Substitute Teaching with SD #6?

### ASSIGNMENT PREFERENCE

**Grade Level**

**Subject**

Do you hold a valid Montana Teaching Certificate? Yes ☐ No ☐  
(Proof of certification is required.)

Are you available for work Monday through Friday? Yes ☐ No ☐ If no, please explain:

### Education/Training

**Name & Location of School**

**Dates Attended**

**Diploma, Degree or  
Course Completed**

(Additional information as to education/training may be supplied on a separate sheet.)

**Work Experience**  
(List last position first)

Employer	Address	Employment Dates	Type of Work	Supervisor/ Telephone No.

**References (Minimum of 3)**  
(List 2 other than employers)

Name	Address	Occupation	Telephone No.

---

Applicant's Signature

---

Date

Please return completed application to:

School District #6 Administration Office  
Attention: Karla Milhollen  
P.O. Box 1259  
Columbia Falls, MT 59912

**An Equal Opportunity Employer**

## **Equal Opportunity Employer**

Each participating 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 when the reasonable demands of the position do not require an 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 verification 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 verification of having received a 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 test from any candidate chosen for employment and to require submitted documentation of the results of a tuberculin (TB) test within seven (7) days of employment.

## **Authorization to Release Employment Records**

If employed by a participating school district, the applicant authorizes the school district to supply his/her employment record at the school district's sole discretion, in whole or part, to any prospective employer, government agency, or other party, when the school district's interest is deemed appropriate.

## **Drug Free/Tobacco Free Policies**

Each of the participating school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, tobacco free policies.

## **Acknowledgment**

I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, vacation, or salary rate, is final until it has been reviewed by the Personnel/Human Resources Department, and fully approved by the (superintendent/board) or designated authorized representative. Further, I have read and understand the above policies of employment.

(On the printable form, there will be a line provided here for the candidate's signature and the date.)

---

**Applicant Signature**

---

**Date**

Complete the following information and return it with your completed application to the applicable school district office/s.

Date:  Name :

Sex: Female ☐ Male ☐

Age:

Position applied for:

### Ethnic Group

☐ Alaska Native – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

☐ Asian American – A person having origins in any of the original people of the Indian Subcontinent, the Pacific Islands, or the Far East: For example, China, Japan, and Korea.

☐ American Indian – A person having origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition.

☐ Black – (not of Hispanic origin) – A person having origins in any of the black racial groups of Africa.

☐ Filipino – A person having origins in any of the original peoples of the Philippine Islands.

☐ Spanish American – A person of Mexican, Puerto Rican, Cuban, Central or South America or any other Spanish culture or origin regardless of race.

☐ White – (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North America, or the Middle East.

Other – Please specify:

## **AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, AM SEEKING EMPLOYMENT OR VOLUNTEER ASSIGNMENT WITH school District Six. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in School District Six. I hereby expressly and voluntarily give School District Six 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 School District Six and its agents. I understand that School District Six reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary. I understand that I, as the prospective employee, will be responsible for the cost of the background check.

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

This document is effective until revoked in writing by me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Print Full Name: \_\_\_\_\_

Print Full Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

STATE OF MONTANA

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me, a notary public of the State of Montana, personally appeared \_\_\_\_\_, known to me to be the person named in the foregoing Release, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ 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, State of Montana  
Residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_