

HAMILTON PUBLIC SCHOOLS
217 Daly Avenue, Hamilton, MT 59840
Ph. (406) 363-2280; FAX (406) 363-1843

PERSONAL INFORMATION *(Please print or type pages 1 -3; Biographical information should be handwritten)*

Name _____ Date of Application _____
Last First Middle Initial

Social Security Number - - - U. S. Citizen? Yes No If no, citizen of _____

Present Address _____ Home Phone _____ Work Phone _____

City/State/Zip _____ Length at Residence _____

Previous Address _____ Length at Residence _____

City/State/Zip _____

Please list position(s) applying for:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Do you have a Driver's License? Yes No

Have you ever had a driver's license revoked? If yes, please comment _____

Have you ever applied for or worked under any other name? Yes No If yes, what name _____

Have you ever worked for us before? Yes No When? _____ What position? _____

Please answer the following:

Have you ever been disciplined or reprimanded for sexual harassment or abuse allegations? Yes No

Have you ever pleaded guilty to or been convicted of a criminal violation including criminal convictions resulting from a referred sentence or a plea of nolo contendere? Yes No

Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No

If you answered yes to any of the above questions, please explain circumstances including dates (applicant may attach a more complete response to the application) discharged from employment or resigned to avoid such release or discharge?

In case of an accident, injury or illness, please notify:

Name Address Telephone Number

Past Employment and/or Professional Experiences

Name of Company Complete Address Telephone Number	Position Held	Date: From - To	Supervisor	Reason for leaving

Personal References: Please complete the following with three references that are familiar with your personality, character, and work habits. **Do not include personal friends or relatives.**

Name	Official Position/Title	Complete Address	Telephone Number

Military Service Information

<p>Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____</p> <p>From _____ To _____ Type of Discharge _____</p>

Accommodations: Are you aware of any physical or psychological handicaps that would interfere with your assignment or should allow you special consideration? Yes No

If yes, please attach a separate statement, including any reasonable accommodations that the district would be required to make. (Note: The district is in compliance with Federal and State Laws and rules for employment. Applicant may request reasonable accommodation in the hiring process by contacting the superintendent.)

Educational and Professional Background

High Schools/Trade Schools Attended	Location (City/State)	Dates Attended: From	To	Graduation Date

Colleges and/or Universities	Location (City/State)	From	To	Graduation? Date	Diploma/Degree

In your own handwriting, please explain why you are interested in this position and why you feel you are qualified.

Are you currently employed? Yes No Date available to begin work _____

APPLICANT AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize and request any and all of my former employers and any other person to furnish to the District, or any agent acting on its behalf, any information they may have concerning my former employers, a history of my employment by them and the reasons for the termination thereof. Moreover, I hereby release each such employer and each such other person from any and all liability of whatsoever nature by reason of furnishing such information to the District or any agent acting on its behalf.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that omission and/or misrepresentation of material and information given on my application or interview(s) may result in refusal of or separation from employment with the Hamilton Schools. I agree that employment shall be in all respects subject to the rules, regulations and policies of the Hamilton School District No. 3.

Printed Name	Signature of Applicant	Date Signed
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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for a position without regard to race, color, sex, national origin, age, marital status, religious preference, or presence of any physical or mental disability, except insofar as such factors are valid occupational qualifications