

**LAUREL SCHOOL DISTRICT NO. 7 & 7-70**

410 Colorado Avenue  
Laurel, Montana 59044  
(406) 628-8623  
Fax: (406) 628-8625

**CLASSIFIED APPLICATION**

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_

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

Permanent Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_  
Home Cellular Work/Message

For What Particular Position Are You Applying? \_\_\_\_\_

Please indicate (**circle**) any other areas for which you would like to be considered:  
{secretarial, aide, bus driver, car driver, van driver/delivery person, housekeeping, maintenance,  
food service, other.}

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AVAILABILITY: When can you begin work? \_\_\_\_\_

Will you accept:

\_\_\_\_\_ Permanent Full-time \_\_\_\_\_ Part-Time (less than 40 hrs/wk)

\_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

\_\_\_\_\_ Shift Work \_\_\_\_\_ On Call

Are you interested in substitute employment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please request a Substitute Application from the Administration Office.)

Do you have a Montana State driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a chauffeur's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

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LAUREL SCHOOL DISTRICT NO. 7 & 7-70 IS AN EQUAL OPPORTUNITY EMPLOYER THAT ENCOURAGES  
APPLICATIONS REGARDLESS OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP.

THE INFORMATION CONTAINED ON THIS FORM IS SOUGHT IN GOOD FAITH. IT WILL NOT BE USED IN ANY  
WAY TO DISCRIMINATE AGAINST AN APPLICANT FOR EMPLOYMENT IN VIOLATION OF STATE OR FEDERAL  
LAW.

**EDUCATION:**

	Name & Location of School	Completed Education Degree(s)	Date Graduated	Major & Minor Fields
High School				
College/University				
Graduate &/or Technical School				

**WORK EXPERIENCE: (Begin with the most recent.)**

Name	Supervisor's Name		Telephone No.	
Address	City	State	Zip Code	
Job Title and duties:				
Dates Employed: From (Month/Year) To (Month/Year)				

Name	Supervisor's Name		Telephone No.	
Address	City	State	Zip Code	
Job Title and duties:				
Dates Employed: From (Month/Year) To (Month/Year)				

Name	Supervisor's Name		Telephone No.	
Address	City	State	Zip Code	
Job Title and duties:				
Dates Employed: From (Month/Year) To (Month/Year)				

Please list Professional Licenses, Certificates, or Registrations:

License or Certificate Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name and address of issuing agency: \_\_\_\_\_

Do you hold a valid Montana Teaching Certificate? \_\_\_\_\_. If yes, Folio Number \_\_\_\_\_  
 Class \_\_\_\_\_ Level \_\_\_\_\_ Endorsements \_\_\_\_\_

**SKILLS: COMPLETE THIS SECTION FOR THE POSITION FOR WHICH YOU ARE APPLYING.**

A. EQUIPMENT – Check the types of equipment you can operate and specify the name or model of the equipment which you have used.

- Word Processing \_\_\_\_\_
- Special Typewriters (mag card, etc.) \_\_\_\_\_
- Transcription Equipment \_\_\_\_\_
- Computer Terminals \_\_\_\_\_
- Mechanical Equipment \_\_\_\_\_
- Food Service Equipment \_\_\_\_\_
- Custodial Equipment \_\_\_\_\_
- Maintenance Equipment \_\_\_\_\_
- Other Equipment \_\_\_\_\_

B. SPECIAL SKILLS: Check the skills you possess that qualify you for the position for which you are applying.

- Typing \_\_\_\_\_ words per minute
- Ten Key by Touch
- Shorthand \_\_\_\_\_ words per minute
- Sign Language

C. SPECIAL QUALIFICATIONS: What Special work experience, training, or other qualifications do you have which you feel will make you successful in the position you are seeking? \_\_\_\_\_

\_\_\_\_\_

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**PROFESSIONAL DATA:**

Are you working at the present time? \_\_\_\_\_ If so, where? \_\_\_\_\_

Work Phone No. \_\_\_\_\_

May we contact your references for recommendations, including your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If “no” please explain.) \_\_\_\_\_

Please indicate the areas where you have the experience or ability to assist in our extra-curricular programs. This includes areas such as music, publications and athletics.

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

Give as references persons who are qualified to attest to your ability and character for the position you seek. Do not use relatives and **DO NOT SAY, “REFER TO MY RESUME”.**

Name and Title of Reference	Name of Business or School	Address and Telephone Number

**IMPORTANT**

Applications will not be considered eligible for consideration unless all requested information is on file. Accurately complete all information on the application form. You may submit a copy of your resume and letters of recommendation. Also, include copies of your licenses or certificates.

I hereby authorize Laurel School District No. 7 and 7-70 to inquire as to my record with any of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the correctness of the above statements. The making of any false statement herein will be sufficient cause for dismissal. I also authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

\_\_\_\_\_  
Signature Date

**TO THE APPLICANT:** After completing this form, please return it and your enclosures to the Administration Office, Laurel Public Schools, 410 Colorado Avenue, Laurel MT 59044. Your application will remain on file for two (2) years. In order to keep it active after that time, you must submit a written request.

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**THIS SECTION FOR DISTRICT USE ONLY**

**DATE APPLICATION RECEIVED** \_\_\_\_\_

Position(s) Applied For	Date(s)	Interview Information

DATE HIRED \_\_\_\_\_ POSITION \_\_\_\_\_

DATE STARTING  
EMPLOYMENT \_\_\_\_\_ SCHOOL \_\_\_\_\_

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LAUREL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY AFFIRMATIVE  
ACTION EMPLOYER

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. Therefore, we ask applicants to volunteer the following information.

This form is maintained separately from application materials and is used for statistical record keeping purposes only. All information is considered confidential.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

SEX: \_\_\_ FEMALE \_\_\_ MALE DATE OF BIRTH: \_\_\_\_\_  
Month /Day/Year

POSITION APPLIED FOR: \_\_\_\_\_

Please check the one box which best describes your race/ethnicity:

WHITE (not of Hispanic origin)  
A person having origins of any of the original people of Europe, North Africa, or the Middle East.

BLACK (not of Hispanic origin)  
A person having origins of one of the black racial groups of Africa.

HISPANIC  
A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER  
A person having origins of any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE  
A person having origins of any of the original peoples of North America, who maintains cultural identification through tribal affiliation or community recognition.

HANDICAPPED:

Are you a handicapped or disabled citizen? Yes \_\_\_\_\_ No

If "Yes," please list any physical limitations that should be considered in job placement.

Check any major disability you have which may have impeded your securing, retaining, or advancing in employment.

- |  |  |
|--|--|
| <input type="checkbox"/> Hearing Impairment    | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Mobility Impairment   | <input type="checkbox"/> Mental Impairment |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Other             |

Are you a veteran? \_\_\_\_\_

Dates of Service \_\_\_\_\_

Military Duties \_\_\_\_\_

Since you are applying for a position that involves working with children, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involves any form of violence, such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involves drugs? \_\_\_\_\_ If "yes," explain the nature of the crime, place, and date.

Since you are applying for a position that often involves handling of money or school district property, please complete the following section:

Have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion? \_\_\_\_\_ If "yes," explain the nature of the crime, place and date.

Thank you for taking the time to complete this form. Please return it with your completed application to the Administration Office, Laurel School District No. 7 & 7-70.