



Rural School Sub-Teacher Application Instructions and Information

Please complete all pages of the application. Furnishing information on the application is mandatory.

An application must be picked up or returned in person, as we are required to verify your identification. Once your Identification is verified, you may submit the application in person, mail, email, or by fax. The rural school application can also be found at

[http://gallatincomt.virtualtownhall.net/Public Documents/gallatincomt schools/schools](http://gallatincomt.virtualtownhall.net/Public_Documents/gallatincomt_schools/schools)

In addition to the completed and signed application, please provide the following additional information:

- Resume if available
- Photocopies may be submitted in place of an original application
- Each individual district may have specific record-keeping requirements. As long as you have sub taught in any of the rural schools during the year, your sub application may be reactivated for each of the following school years without re-applying. After a one year of not subbing, you will have to re-apply.
- Proof of Employability-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-90 of the U.S. Department of Justice.
- Copy of teaching certificate(s) if applicable
- A background check is required if one has not been completed by a public school district or university within the last two years. Request either a Re-dissemination form to obtain a copy from another district or the paperwork to process the background check. The \$47 fee is the applicant's responsibility.
- Starting fall of 2017, all non-certified sub teachers must complete a self-paced course through the Office of Public Instruction's Montana Learning Hub. Administrative Rules of Montana require three hours of training. Visit <http://learninghub.mrooms.net> create your account to log in, choose the self-paced courses icon, scroll down to support staff, and begin your course as directed. Upon completion of the course, submit the certificate to the County Superintendent.

GALLATIN COUNTY

Rural School Application for Substitute Teaching

Please complete this application by typing or printing in ink.

Office Use Only

Date Completed Application Received: _____ Identification verified _____ Other _____
Background Check: Form received _____ Date requested _____ Date received _____

PERSONAL DATA

Full Name _____ Last 4 digits of SSN: _____

Present Address _____
Street/P.O. Box City State Zip Code

Phone/Cell _____ Email Address _____

Are you a veteran of military service? _____ Are you a certified teacher? _____ SEID# _____

Endorsements: _____

What grades (K-8) are you willing to be a substitute: _____

Indicate days of the week you will be available to sub

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Other Preferences: _____

EDUCATION

High School Diploma/GED/HiSET? Yes No

Name Location Diploma/Degree/Specialization-----Year

High School _____

College/University _____

Courses & Training _____

ADDITIONAL INFORMATION

Other relevant experience, licenses, certificates, special skills, and volunteer work, etc.

WORK EXPERIENCE *(List most recent work experience first.)*

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Company Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone _____

Job Description (duties, skills, equipment used)

Dates _____ Reason for Leaving _____
From (mm/yy) To (mm/yy)

(Attach additional sheets if necessary to include at least the last five years of work history)

REFERENCES

Name	Location	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may also attach reference letters.

Do you want to be informed before we contact your present employer? Yes No

Please check the schools you would be willing to be a substitute teacher:

Amsterdam Gallatin Gateway Monforton Springhill
 Anderson LaMotte Cottonwood Malmborg
 Pass Creek Willow Creek Big Sky West Yellowstone

All Rural Schools are an Equal Opportunity Employer

Each district associated with this application 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.

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

All associated school districts are drug free, tobacco free schools and, as such, require all employees to adhere to specific drug free, and tobacco free policies.

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me.

Signature _____ Date _____

Gallatin County Superintendent of Schools makes no representations or warranties as to the suitability of this Employment Application for any particular employer or job opening, and disclaims any liability that might arise from the use of this Employment Application by an employer or a job seeker. Employment is determined by each individual district.

A personal visit to the schools while classes are not in session may be helpful. For more information on county schools,

Visit <http://www.gallatin.mt.gov>
choose Department then Superintendent of Schools
or
email your inquiry to:
superintendentofschools@gallatin.mt.gov

Gallatin County Superintendent of Schools
311 W. Main, Room 107 Bozeman, MT 59715
(406) 582-3090 Fax (406) 582-3093

Instructions for Getting A Fingerprint-Based Background Check (For School Employment, Volunteers, and Chaperones)

A fingerprint-based background check is required for persons seeking to work, volunteer, or chaperone in the public schools in Gallatin County. The steps to obtain a fingerprint-based background check are as follows:

- 1) Have your fingerprints taken at a public fingerprinting location. The Gallatin County Detention Center at 605 S. 16th Avenue in Bozeman offers public fingerprinting on the following days and times:
 - Tuesday, Wednesday, Thursday, 3:00-4:30 PM
 - Tuesday, 7:00-8:30 PM
 - Saturday, 12:00-2:00 PM

Photo ID and a \$15.00 fee are required and exact payment must be made by cash or check only. Be sure to request two fingerprint cards. Most city police departments (Belgrade, Manhattan, West Yellowstone,) and the MSU Police Department also provide public fingerprinting. Contact police departments directly for fees and availability. A map and contact information for the Gallatin County Detention Center and a list of city police departments are provided on the reverse side.

- 2) Submit your fingerprint cards to the Gallatin County Superintendent of Schools office located in Room 107 of the Gallatin County Courthouse at 311 W. Main Street in Bozeman. Complete the attached forms and submit them with your fingerprint cards while there:
 - NCPA/VCA Applicants form
 - Applicant Rights and Consent to Fingerprint form
 - Fingerprint Re-dissemination Request form (Not required in all circumstances.)

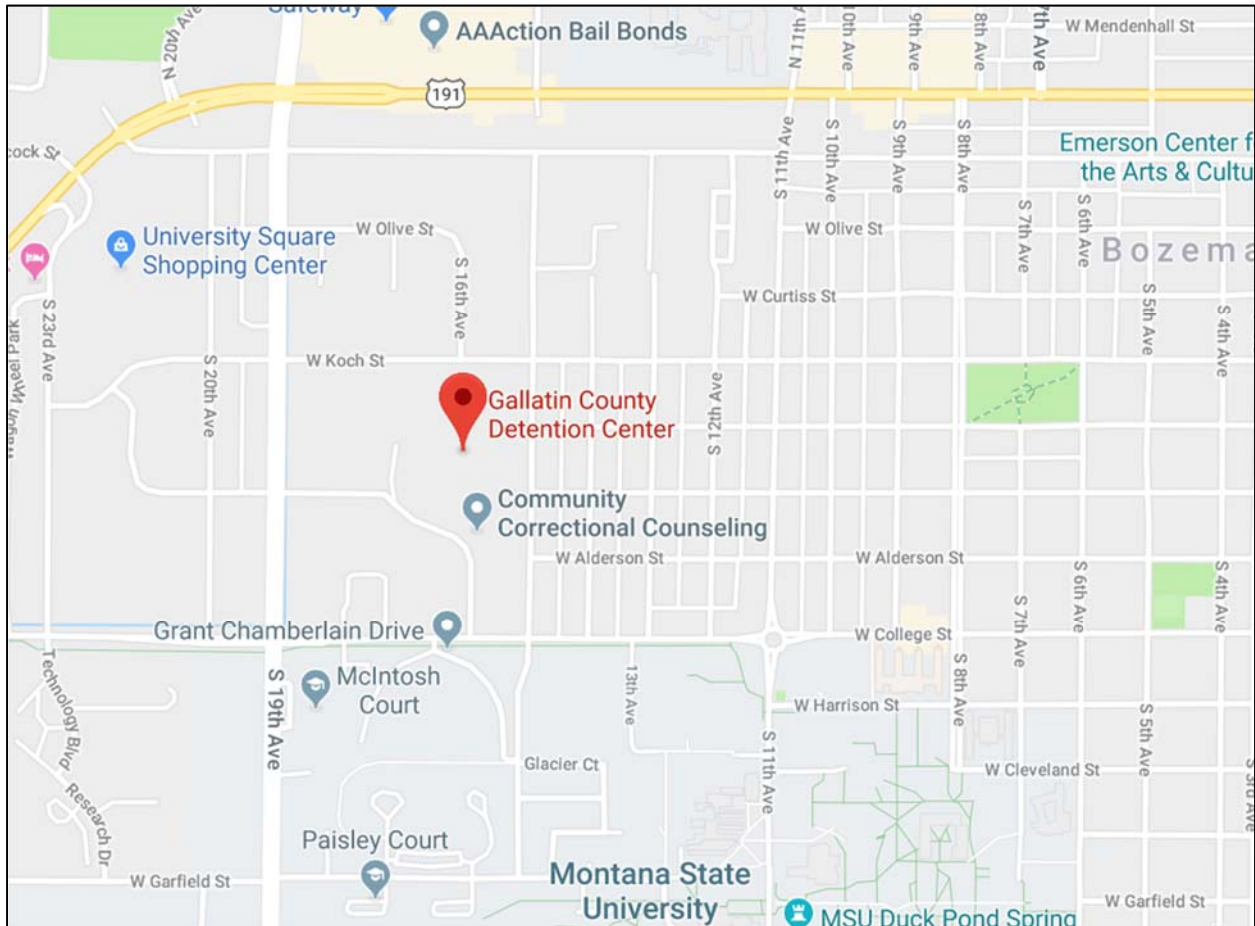
A processing fee of \$32.00 is required for employment, \$27.00 for volunteers, and must be paid by cash or check made payable to "Gallatin County Superintendent of Schools." Note: This fee may be billed directly to school districts or may be eligible for reimbursement in some cases. Contact school district(s) directly to determine if the fee is eligible for direct billing or reimbursement.

- 3) The Gallatin County Superintendent of Schools will forward your fingerprint cards to the Montana Department of Justice for processing. Current processing time is approximately three weeks. Background checks are generated by the Department of Justice and returned to the County Superintendent. Results of background checks are forwarded by the County Superintendent to school district superintendent(s).

For questions or more information, please contact the Gallatin County Superintendent of Schools at 311 W. Main St., Room 107, Bozeman, MT 59715, (406) 582-3090 or by email at: superintendentofschools@gallatin.mt.gov.

Gallatin County Detention Center

605 S. 16th Avenue
Bozeman, MT 59715
(406) 582-2130



Information on fingerprinting at the Gallatin County Detention Center is available at: http://gallatincomt.virtualtownhall.net/Public_Documents/gallatincomt_detention/fingerprints.

Belgrade City Police Department
91 E. Central Ave.
Belgrade, MT 59714
(406) 388-4262
(City residents only)

West Yellowstone Police Department
124 Yellowstone Ave.
West Yellowstone, MT 59758
(406) 646-7600

Manhattan Police Department
207 S. Sixth St.
Manhattan, MT 59741
(406) 284-6630

MSU University Police
7th Avenue and Kagy Blvd.
Bozeman, MT 59715
(406) 994-2121

March 1, 2019

Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by **Gallatin County Superintendent of Schools** that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.

Signed:

Name

Date

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

NCPA/VCA Applicants

To _____ (print your name):

You have applied for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to **Gallatin County Superintendent of Schools** for the position of

(please list the job you will be performing for the district) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: _____

First

Middle

Maiden

Last

Date of Birth: _____ Telephone: _____

Address: _____

City

State

Zip

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

I have not been convicted of, nor am I under pending indictment for, any crimes

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to Gallatin County Superintendent of Schools.

Signature of Applicant

Date



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form

Fingerprint Redissemination Request

**Gallatin County Superintendent
of Schools
Matthew Henry**

**311 W. Main Room 107
Bozeman, MT 59715**

**582-3090
582-3093 Fax**

Admin. R. Mont 10.57.201A requires all applicants for initial licensure or reinstatement of former licensure complete a fingerprint based background check.

If your fingerprint result is on file with a Montana public school or County Superintendent, or a unit of the Montana University system, those results can be distributed from one public Montana education entity to another, as long as the result is less than 2 years old and meets the requirements of your school policy.

It is against FBI policy for results to be shared across state lines or from private institutions (colleges and universities, or private schools).

Applicant Information

Last Name:	First Name:	Middle Initial:
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Folio ID (assigned by OPI):	Former Name(s) (Maiden or Other):
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Date of Birth:	Last four digits of your SSN:
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I authorize:

<input type="radio"/> Gallatin County Superintendent of Schools	
<input type="radio"/> A Unit of the Montana University System; or	Enter a University:
<input type="radio"/> Montana Public School	Enter the name of the school:

to share the results of my fingerprint based background check with:

<input type="radio"/> Gallatin County Superintendent of Schools	
<input type="radio"/> A Unit of the Montana University System; or	Enter a University:
<input type="radio"/> Montana Public School	Enter the name of the school:

If you are requesting to distribute your fingerprint results to a Montana University, a Montana public school, or county superintendent, please provide the specific person you wish to receive the background check results:

Recipient Name:	Address:
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City:	State:	Zip Code:	Recipient Phone:
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Signature of Applicant:	Name of applicant:	Date:
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