

West Glacier Elementary  
Application For Substitute Teacher or Para-educator  
160 Old River Bridge Road - PO Box 309  
West Glacier, MT 59936

Phone: 406-888-5312

Fax: 406-888-5141

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 Dept. in Kalispell at 1035 1st Ave. West -406-751-8110  
Open Monday, Tuesday, & Friday from 9:30-11:30 & 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 7th St. West in the Volunteer Fire Station.  
Open the 2nd 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 through the Flathead County Superintendent of Schools at 935 1st Ave. West Suite SS Kalispell, MT, Mary Juntunen 406-758-5720.
- An application may be submitted in person, by mail or by fax.

**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? Y\_\_ N\_\_
2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying? Y\_\_ N\_\_
3. Have you been disciplined by a current or previous employer, through the use of verbal warning and/or suspension with or without pay? Y\_\_ N\_\_ (If yes, please explain)

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4. Have you received a letter of warning or letter of reprimand from a current or previous employer? Y\_\_ N\_\_ 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? Y\_\_ N\_\_ If yes, please explain, include date of discharge or resignation and reason for discharge or resignation:

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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 violence such as assault, rape, child abuse, child molesting, extortion, blackmail, coercion, or any crime which involved drugs?  
Y\_\_ N\_\_ If yes, explain the nature of the crime, place, and date of correction or sentence.

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All statement 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.

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Applicant Signature

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Date

**APPLICATION FORM: SUBSTITUE TEACHER/PARA-EDUCATOR**

**REQUIREMENT:**

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 West Glacier Elementary School District 8 are required to complete this form to facilitate District record keeping.

NAME: \_\_\_\_\_

PRESENT MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT SUBSTITUE TEACHING WITH SD #8? \_\_\_\_\_

DO YOU HOLD A VALID MONTANA TEACHING CERTIFICATE? Y \_\_\_\_ N \_\_\_\_  
(PROOF OF CERTIFICATION IS REQUIRED)

ARE YOU AVAILABLE FOR WORK MONDAY THRU THURSDAY? Y \_\_\_\_ N \_\_\_\_  
IF NO, PLEASE EXPLAIN: \_\_\_\_\_

	<b>EDUCATION/TRAINING</b>		
<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>DATES ATTENDED</b>		<b>DIPLOMA, DEGREE, OR COURSE COMPLETED</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ADDITIONAL INFORMATION AS TO EDUCATION/TRAINING MAY BE SUPPLIED ON A SEPARATE SHEET.)

<b>WORK EXPERIENCE</b>			
<b>(LIST LAST POSITION FIRST)</b>			
<b>EMPLOYER/ADDRESS</b>	<b>EMPLOYMENT DATES</b>	<b>TYPE OF WORK</b>	<b>SUPERVISOR/TELEPHONE #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES (MINIMUM OF 3)**  
**(LIST 2 OTHER THAN EMPLOYERS)**

NAME/ADDRESS

OCCUPATION

TELEPHONE #

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APPLICANT'S SIGNATURE

DATE

Please return completed application to:

West Glacier Elementary School District #8  
P.O. Box 309  
West Glacier, MT 59936  
fax: 406-888-5141

**AN EQUAL OPPORTUNITY EMPLOYER**

**EQUAL OPPORTUNITY EMPLOYER**

West Glacier Elementary School District #8 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 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 For I-9 of the US 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.

**DRUG FREE/TOBACCO FREE POLICIES**

West Glacier Elementary School District #8 is a drug free, tobacco free school and, as such, West Glacier Elementary School District #8 requires all employees to adhere to specific drug free, tobacco free policies.

**ACKNOWLEDGMENT**

VACATION, OR SALARY RATE, IS FINAL UNTIL IT HAS BEEN REVIEWED BY THE PERSONNEL DEPARTMENT, AND FULLY APPROVED BY THE (SUPERINTENDENT/BOARD) OR DESIGNATED AUTHORIZED REPRESENTATIVE. FURTHER, I HAVE READ AND UNDERSTAND THE ABOVE POLICIES OF EMPLOYMENT.

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Applicant Signature

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Date