

**Chester-Joplin-Inverness  
Public Schools  
Application for Classified Employment**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Previous Name/s \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date Available for Work \_\_\_\_\_

**Please answer the following questions:**

1. Do you have the legal right to 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 ever been released or discharged from employment or resigned to avoid such release or discharge?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

4. I hereby certify that (check the applicable box and provide the information requested). *(Please note that answers to this question may not necessarily disqualify an applicant from consideration for employment):*

I have not pleaded guilty to, nor have I been convicted of any violation of criminal law (minor traffic offenses excepted).

I have pleaded guilty to or I have been convicted of at least one violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).

\*Please attach and sign a complete description of the circumstances surrounding all convictions.

**Employment Record**

*List your employment with your most recent employment first. Describe your employment history, accounting for the last 5 positions held. You may include volunteer and paid experience. DO NOT substitute a resume. You may attach additional information.*

Most Recent Employer \_\_\_\_\_ Position \_\_\_\_\_  
# of Years in Position \_\_\_\_\_ Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Years Employed \_\_\_\_\_ TO \_\_\_\_\_ Highest Salary \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Past Employer \_\_\_\_\_ Position \_\_\_\_\_  
 # of Years in Position \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Years Employed \_\_\_\_\_ TO \_\_\_\_\_ Highest Salary \_\_\_\_\_  
 Reasons for leaving \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Past Employer \_\_\_\_\_ Position \_\_\_\_\_  
 # of Years in Position \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Years Employed \_\_\_\_\_ TO \_\_\_\_\_ Highest Salary \_\_\_\_\_  
 Reasons for leaving \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Past Employer \_\_\_\_\_ Position \_\_\_\_\_  
 # of Years in Position \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Years Employed \_\_\_\_\_ TO \_\_\_\_\_ Highest Salary \_\_\_\_\_  
 Reasons for leaving \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Past Employer \_\_\_\_\_ Position \_\_\_\_\_  
 # of Years in Position \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Years Employed \_\_\_\_\_ TO \_\_\_\_\_ Highest Salary \_\_\_\_\_  
 Reasons for leaving \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References**

*Please list current information for three references below.*

Name	Title	E-Mail Address	Phone

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**Education History**

Name of High School \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 Highest Post Secondary Degree Earned \_\_\_\_\_  
 Other Certifications \_\_\_\_\_

*List the most recent to least recent attendance.*

Institution	Address	Degree	Years Attended

Chester-Joplin-Inverness does not discriminate on the basis of sex in its education programs, activities, or employment. Title IX of the Education Amendments of 1972 is a federal law that prohibits sex discrimination in education. Title IX protects students, employees, and applicants for employment, regardless of their gender, from sex discrimination, which includes sexual harassment and sexual misconduct.

Questions to the District regarding the application of Title IX and the regulations that implement it may be directed to the District's Title IX Coordinator, Ms. Rita Chvilicek, (406)759-5108 ext. 103, 511 Main St/P.O. Box 550 Chester, MT 59522, [rchvilicek@cji.k12.mt.us](mailto:rchvilicek@cji.k12.mt.us).

**Please read the following statement carefully prior to signing.**

I hereby authorize Chester-Joplin-Inverness School District #48-1J & #48-2J to inquire as to my record with any or all of my former and/or current employers or references. I also authorize investigations of all statements contained in this application. There will be no liability incurred by the Chester-Joplin-Inverness School District for investigating the accuracy of this application or contacting references and/or past/current employers. I guarantee the accuracy of this application and understand that misrepresentation or the omission of facts may be cause for dismissal. This authorization includes but is not limited to the release of confidential criminal justice information as defined in Section 44-5-103 MCA.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Chester-Joplin-Inverness**

**Public Schools**

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***Note: By entering your name here, you are signing this form electronically and it is the legal equivalent of having a handwritten signature.***

## VETERAN'S EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

**A Veteran**, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran**, if

1. you were separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

**The spouse of a disabled veteran** if the veteran's disability prevents him or her from working.

**The unremarried surviving spouse of a veteran or disabled veteran.**

**The mother of a veteran**, if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

**A person with a disability** certified by DPHHS, **OR**

**The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- |  |   |
|--|---|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter  |
| <input type="checkbox"/> DPHHS Disability Certification            | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

**SIGNATURE:**

**DATE SIGNED:**

*Note: By entering your name here, you are signing this form electronically and it is the legal equivalent of having a handwritten signature.*