

Bitterroot Valley Education Cooperative

General Information for Applicants

Items to be included with application and consent for criminal and protective service background check.

Please note that your **completed application and consent for criminal and protective service background checks** must be accompanied by the below listed items. Applications will not be considered eligible for consideration unless all requested information is on file. **Transcripts submitted with application may be copies but official transcripts must be on file before contract can be signed.**

- Letter of Interest
- Resume
- A copy of your license or certification
- Transcripts (Unofficial copies may be submitted temporarily-official transcripts required if position offered.)

Professional Compensation

- A. Payroll and Salary Determination—Payroll is run once a month and paid on the 18th of the month. Salary is based on the current negotiated amount with credit for experience as allowed in Master Contract.
- B. Group Health Insurance – If the number of hours worked meet requirements to qualify for group health insurance, the Co-op contributes toward the monthly premium. Amount will be determined by employment class (certified, classified, etc) and hours worked.
- C. Other benefits include paid sick leave, paid personal leave, participation in the Teachers Retirement System or Public Employees Retirement System, and the option to have voluntary payroll deductions placed in a flexible benefits plan.

Requirements – all new employees are conditionally employed until all the requirements below are satisfied. Employees not satisfying these requirements within the specified time are subject to immediate termination.

- A. The Co-op will conduct a complete criminal and protective service check on all persons hired after July 1, 2002.
- B. Pursuant to ARM 16.28.1055, each employee must provide verification that he/she has had a tuberculosis (TB) test. Verification must include (1) date of test, (2) results of test, and (3) signature of person who conducted the test.
- C. Final Board approval of any contract offered is contingent on the criminal and protective service background and records (educational) check, verification of work experience, and receipt of TB test results.
- D. Within 3 business days of start date, the new employee must provide proof of citizenship, or appropriate certification, generally driver's license and social security card, to substantiate eligibility to work. Original, not photocopied, documentation is required.
- E. Within 30 days of start date, the new employee must provide the Co-op with a regular Montana Teaching Certificate or applicable license.

This application will be kept on file for three years. To be considered for a subsequent position, the applicant must contact the above office to activate the file for a published vacancy.

Bitterroot Valley Education Cooperative

PO Box 187
Stevensville, MT 59870

Phone: (406) 777-2494
FAX: (406) 777-2495
Web Site: www.bvec-mt.org

EMPLOYMENT APPLICATION

Last Name				First Name		Middle Initial		Date			
Current Address				City		State		Zip Code		Telephone	
Email Address											

Position applying for: _____ Date of Application: _____
Date you are available to work: _____ Years of relevant experience: _____
Have you filed an application with us before? _____ If yes, give date: _____
What position did you apply for at that time? _____

PERSONAL DATA:

Do you have the legal right to work in the United States? _____ Yes _____ No
Are you able, with or without reasonable accommodation, to perform the functions of the job for which you are applying? _____ Yes _____ No
Have you ever been released or discharged from employment or resigned to avoid such release or discharge? _____ Yes _____ No
If yes, please explain, including date of discharge or resignation and reason for discharge or resignation: _____

Are you a veteran? _____ Dates of service: _____ Military duties: _____

Since you are applying for a position that involves working with children and/or the handling of Co-operative money or property, please complete the following question: Have you ever been convicted of any offense that involves any form of violence such as assault, rape, child abuse, child molestation, extortion, blackmail, coercion, embezzlement, fraud, stealing, robbery, blackmail or any crime that involves drugs? _____ Yes _____ No If yes, explain nature of crime, place and date: _____

For Cooperative Use Only

Interviewed by: _____ Date: _____
Position: _____ FTE: _____ Start Date: _____
Licensure or Certification: _____
If not licensed, what is expected date of licensure? _____
Salary Placement: _____ Which calendar will new hire follow? _____

EMPLOYMENT HISTORY

Employer:	Type of Business:
Address:	Telephone Number:
Position Title:	Dates Employed:
Supervisor:	Title:
Describe Responsibilities and Duties – Be Specific	
	Reason for Leaving:

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**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**

STATE OF MONTANA

**- RELEASE OF INFORMATION -
For Registered and Licensed Child Care Providers
Criminal / Protective Service / Motor Vehicle
Background Checks**

PERSONAL INFORMATION

Section A – Current Information

Phone # _____

Legal Name: _____
(First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: _____

Residential Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Sex: Male Female Date of Birth: _____ Social Security # _____

Section B – Past Residences

Within the last five (5) years, have you...

1. ...lived in another state? Yes No

2. ...lived on or do you now live in an area designated as an Indian reservation? Yes No

If you answered yes to the any of the above questions:
 ➤ Please state where you have lived in the table below.
 ➤ You will need to obtain an out of state background check or a tribal background check at your cost.

City	County	Reservation	State	Dates of Residency (From – To)

Section C – Prior Caregiver Approvals

Have you been...
 ...registered / licensed to care for children before? Yes No
 ...approved, in any capacity, to provide care in a child care facility? Yes No

IF YES: Please give the Director / Facility Name and the Dates at the facility.

(Director / Facility Name) (Dates)

(Director / Facility Name) (Dates)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FACILITY INFORMATION

Section D – Employment Status

The facility that I am working / living at is:

Provider #: _____

Director Name / Facility Name: _____

Facility Mailing Address : _____

My ROLE with this facility is (please check all that apply):

Center Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Substitute Provider |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Aide | <input type="checkbox"/> Non-Provider Staff |

Family and Group Only:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Director | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Primary Caregiver | <input type="checkbox"/> Adult Child |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Non-Provider Staff | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Substitute Provider | |

My START DATE at this facility is: _____

Section E – Authorization Statement and Signature

I, _____ (applicant name), am aware that _____ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to any substantiated report(s) of child abuse or neglect in Montana, criminal history records, and motor vehicle records. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to _____ (provider or its authorized representative), and I **hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.**

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: _____ Date: _____

(To be signed in front of a notary)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, sworn, and subscribed before me this _____ day of _____ A.D. _____

Notary Public for the State of Montana

Residing at: _____

My commission expires: _____