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# APPLICATION FOR CERTIFIED (TEACHING) POSITION

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Thank you for your inquiry concerning a certified position at Northern Cheyenne Tribal Schools. Our school has been working towards recruiting quality teachers to add to staff of educators.

## EMPLOYMENT APPLICATION PROCESS

To be considered for a certified position at Northern Cheyenne Tribal Schools, you must acquire and submit the following information. Files will not be considered unless they are complete. **Note: due to limited support staff in the Administrative office, we are unable to match documents or materials sent separately with the exception of a confidential placement file so please staple all paperwork together and submit as a packet.** You may also want to make a copy of your application and related documents as they will not be released after submittal to the Administrative office.

### 1. APPLICATION:

- Complete all sections. (Please do not indicate “see resume”).
- Be specific as to the elementary grade level(s) or secondary subject(s).
- Please indicate only those areas for which you are Highly Qualified to teach.
- Be specific when listing the type(s) of Montana certificates you currently possess or for which you are eligible.

### 2. LETTERS OF RECOMMENDATION:

- Three letters of reference from your employers and/or supervisors preferably from the education field be included in your application requirements.

## CERTIFICATION

Appropriate **MT certification** is required at time of application. And a fingerprint clearance at the federal level, state and (if a tribal member) a tribal background check is required. Prior to issuance of a teaching certificate, please plan accordingly.

Complete information regarding certification may be obtained from:

Montana Office of Public Instruction  
P.O Box 202501  
Helena, Montana 59620-2501  
<http://opi.mt.gov>

**UPDATING FILES** is the candidate's responsibility. All files will be retained on active status for 6 months or as long as you update your file using a Certified Application Update Form to let us know of your continuing interest and additional qualifications, i.e. experience, certificates etc.

**NORTHERN CHEYENNE TRIBAL SCHOOL IS ON A TRADITIONAL CALENDAR. Anticipated start date for teachers new to NCTS is mid August.**

*We are pleased that you chose Northern Cheyenne Tribal School for possible employment and wish you the best in your future.*

# Northern Cheyenne Tribal School

“Home of the Eagles”

P.O. Box 150  
1 Campus Drive  
Busby, Montana 59016  
Phone: (406) 592-3645  
Fax: (406) 592-3645

## APPLICATION FOR CERTIFICATED EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

**The Northern Cheyenne Tribal School does not discriminate on the basis of race, color, sex, religion, age, disability, or national origin.**

**IMPORTANT:** Before final consideration for employment, a screening interview is required. Out-of-state candidates should write to the Office of Public Instruction regarding certification. All applicants must qualify for Montana certification prior to employment.

Montana Office of Public Instruction  
P.O. Box 202501  
Helena, Montana 59620-2501  
<http://opi.mt.gov>

**Applications will remain on file for sixth months from the date submitted.**

### PERSONAL DATA

Name \_\_\_\_\_

Other names used \_\_\_\_\_ Dates of usage \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Enrollment # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Message Telephone \_\_\_\_\_

County and State(s) you have lived in during past 5 years  
\_\_\_\_\_

How did you learn about the position(s) for which you are applying? (List web-site address, if applicable)

\_\_\_\_\_

**IMPORTANT: Before final consideration for employment, the candidate must have on file in the Personnel Office a completed application, a current resume, a copy of official transcripts, placement file or three letters of recommendation, background check and evidence of Montana Certification. In addition, a personal interview is a prerequisite to employment.**

**1. EMPLOYEES PREFERENCE(S)**

1st Grade/Subject Choice                      2nd Grade/Subject Choice                      3rd Grade/Subject Choice                      4th Grade/Subject Choice

Indicate below the area(s) in which you are qualified to teach:

**Elementary (K-5)** (circle preferences)                      K                      1                      2                      3                      4                      5

**Middle School (6-8)** (circle preferences)                      6                      7                      8

**High School** (circle subject)    Math    English    Science    Social Studies    Other: \_\_\_\_\_

Subject Area Certification \_\_\_\_\_

Special Education Level / Area  
\_\_\_\_\_

Specialists (art, counselor, librarian, music, PE, Computer, etc.) (Montana certification, approved area, and/or endorsement in area of specialization required) Level / Area  
\_\_\_\_\_

**2. When will you be available?**  
\_\_\_\_\_

**3. Present position** \_\_\_\_\_ **Salary** \_\_\_\_\_

**4. Reason for leaving present position**  
\_\_\_\_\_

**5. Are you currently under contract with another district?**                      ( ) Yes    ( ) No

If yes, where \_\_\_\_\_ Contractual dates \_\_\_\_\_

**6. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending?**                      ( ) Yes    ( ) No  
(Please explain on a separate page if "Yes" is checked.)

**7. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private?**                      ( ) Yes    ( ) No  
(Please explain on a separate page if "Yes" is checked.)

8. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? ( ) Yes ( ) No  
 (Please explain on a separate page if "Yes" is checked.)

**9. MONTANA CERTIFICATES**

Type	Approved Areas	Endorsements	Class/Type	Expiration Date

**10. Other Certificates (Include Out-of-State Teaching Certificates)**

Type	Approved Areas	Endorsements	Education ID No.	Expiration Date

**11. EDUCATIONAL PREPARATION**

INSTITUTION	Degree	Major	Minor	GPA
UNDERGRADUATE				
GRADUATE				
GRADUATE				

Highest degree earned: \_\_\_\_\_ Graduate semester hours earned after highest degree: \_\_\_\_\_

SALARY CREDIT FOR GRADUATE HOURS BEYOND DEGREE(S) WILL BE GIVEN ONLY AT THE INITIAL TIME OF EMPLOYMENT AS VERIFIED BY OFFICIAL TRANSCRIPTS. THE NUMBER OF HOURS GRANTED WILL NOT EXCEED THE NUMBER LISTED (ABOVE) ON THIS APPLICATION.

**12. STUDENT TEACHING EXPERIENCE (Must be completed even if resume is submitted) (those who have less than 3 years of experience)**

Dates From/To	Name of School City/State	Grade Level/Subject	Cooperating Teacher	Telephone and Fax Numbers

Consideration of salary credit for previous experience in a public school will be based upon full-time certificated work experience, as recorded on this application. Such credit will be given only at the initial time of employment and the amount of credit allowed is subject to limitations set forth in Manual Policy of Education and administrative evaluation of experience.

**13. PROFESSIONAL EXPERIENCE - CONTRACTUAL TEACHING ONLY:** List most recent experience first and indicate whether position was full-time (FT) or part-time (PT). DO NOT list substitute teaching experience.

Dates From/To	FT Or PT	Name of School City/State	Grade Level/ Subject	Supervisor	Telephone Numbers	Reason for Leaving

**14. PROFESSIONAL SUPERVISORY REFERENCES:** Provide names and telephone numbers of three, professional supervisory references. Includes present (or most recent) supervisor(s). (References MUST cover the past two years.)

Name	Official Position	Work Telephone	Home Telephone

**15. NARRATIVE STATEMENT**

Please state briefly how and what you can contribute to a progressive educational system serving a diverse, growing area with community being high poverty and working with students who are at-risk.

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**What are the aspects of your education and experience that you think would be particularly appropriate for this position such as, past leadership roles, community activities, honors, etc.**

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**List your three (3) most important professional accomplishments in the past five years.**

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**What are your plans for professional growth?**

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**What is your philosophy of education?**

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**At the end of the year of employment, how will you determine whether or not you have been successful?**

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**16. MILITARY RECORD**

Military Status: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Are You Now in the Reserves or National Guard? \_\_\_\_\_

**17. CONVICTION REPORT**

**CONVICTION** means a final judgment on a verdict or a finding of guilt, or a plea of nolo contendere (No Contest), in any state or Federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

**REQUIRED FOR ALL CATEGORIES OF EMPLOYEES:** The following information is needed regarding criminal convictions. A record of conviction does not prohibit employment; however, failure to complete this report accurately and completely shall result in disqualification from consideration for employment, or may be cause for dismissal or result in prosecution for filing false information with a public agency. **A.** (1) Length of time since the conviction; (2) Circumstances of the offense; (3) Number of convictions; (4) Employment record since the conviction; (5) Rehabilitation; (6) Nature of the job for which the applicant has applied; and (7) Any other relevant information. Applicants and employees must also report any convictions that occur subsequent to completing this report. Please read carefully, answer each question and sign and date the bottom.

**B. NOTE:** The District may refuse to hire applicants and may discharge employees who have falsified answers to inquires about their conviction record or fail to accurately and completely answer such questions. The District may also file a criminal report against an applicant/employee

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Other Name Used: \_\_\_\_\_ Date of Usage: \_\_\_\_\_

Have you ever been convicted of a minor offense other than traffic violations?	Yes ___	No ___
Have you ever been convicted of a felony?	Yes ___	No ___
Have you ever been convicted of a drug-related offense?	Yes ___	No ___
Have you ever been convicted of a sex-related offense?	Yes ___	No ___
Have you ever been convicted of any of the following?	Yes ___	No ___

- a. Sexual abuse of minor
- b. Incest
- c. First or second degree murder
- d. Kidnapping
- e. Arson
- f. Sexual assault
- g. Sexual exploitation of a minor
- h. Felony offenses involving contributing to the delinquency of a minor
- i. Commercial sexual exploitation of a minor
- j. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or illicit drugs
- k. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs

- l.** Misdemeanor offenses involving the possession or use of marijuana and/or dangerous drugs
- m.** Burglary in the first degree
- n.** Burglary in the second or third degree
- o.** Aggravated or armed robbery
- p.** Robbery
- q.** A dangerous crime against children as defined in ARS 13-604.01
- r.** Child abuse
- s.** Sexual conduct with a minor
- t.** Molestation of a child
- u.** Manslaughter
- v.** Aggravated assault
- w.** Assault
- x.** Exploitation of minors involving drug offenses
- y.** Driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1381 or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in ARS 28-1383
- z.** Offenses involving domestic violence

**If any of the above answers are marked "YES", fill in the information below.**

Conviction Charge(s): \_\_\_\_\_

Date(s) of Conviction(s): \_\_\_\_\_

City/State: \_\_\_\_\_ Amount of fine: \_\_\_\_\_

Length of jail term: \_\_\_\_\_ Length and Terms of Probation: \_\_\_\_\_

Comments:

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**SUPPORTING DOCUMENTS.** Submit copies of the following items with your application:

1. Copy of your Montana Teaching Certificate.
2. A current resume.
3. Legible copies of official transcripts.
4. Three letters of professional recommendation, including letters from teaching supervisors. If you do not have teaching experience, letters of reference are accepted.
5. Finger Print cards need to be processed from state and federal. Contact NCTS for information at 406-592-3646, administrative office.



**CERTIFICATION  
NOTIFICATION/AFFIDAVIT/SIGNATURE**

My signature below indicates that I HAVE READ, I UNDERSTAND, AND I AGREE to the following:

It is the policy of the Northern Cheyenne Tribal School ("NCTS") not to discriminate on the basis of race, color, religion, gender (including sexual harassment as described in the Manual of Policies concerning sexual harassment), sexual orientation, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies as required by federal law. The NCTS abides by Tribal laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the American Disabilities Act of 1990. Inquiries regarding compliance with any of the above may be directed to the District's Personnel Department or to the Director of the Office For Civil Rights, U.S. Department of Education, Federal Office Building, 1244 Speer Blvd., Suite 310, Denver, CO 80204-3582.

**Every answer I have provided on this application is both complete and truthful. I understand and agree that: (1) if any information is omitted from, or not filled in on this application, or if any false information is furnished, NCTS will reject my application; (2) if any false information is furnished, I will be ineligible for any consideration for employment and may be subject to criminal prosecution; and (3) if I am employed by the NCTS, I may be dismissed from employment, criminally prosecuted, and if certified, my certificate may be revoked, if it is later determined that I have furnished false information on this application.**

I understand that in order for NCTS to determine my eligibility, qualifications and suitability for employment, the NCTS will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education training, or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reason for not rehiring (if applicable), and similar information. In addition, I understand that NCTS will confirm my fingerprint background is still valid.

If I am employed by NCTS, employment is conditional and rests upon (a) satisfactory pre-employment reference checks, (b) results of fingerprint check, and is subject to (c) the policies and regulations of the NCTS, (d) submitting documentary proof of authorization to work in the United States, (e) and, if required, appropriate state certification/licensing. Employment will not be finalized until the background investigation has been completed. Misrepresentation or omission of pertinent facts may be cause for termination. Parties providing this information will be released from any liability in connection with reference and fingerprint checks made by the NCTS.

I authorize the Northern Cheyenne Tribal School to make reference checks prior to employment and I will execute such documents to facilitate this investigation.

I further understand and acknowledge that any promise or offer of employment by any Northern Cheyenne Tribal School employee other than the Superintendent is not valid and that no employment decisions are final until approved by the Governing Board.

I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of pertinent facts shall be cause for not considering my candidacy or in the event hired dismissal from the Northern Cheyenne Tribal School.

Please PRINT Your Name Here \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PROFESSIONAL STAFF HIRING**

**CONSENT TO CONDUCT  
BACKGROUND INVESTIGATION AND RELEASE**

**NORTHERN CHEYENNE TRIBAL SCHOOL**

I, \_\_\_\_\_ (applicant's name) have applied for employment with Northern Cheyenne Tribal School to work as a \_\_\_\_\_ (job title).

I understand that in order for the Northern Cheyenne Tribal School to determine my eligibility, qualifications, and suitability for employment, Northern Cheyenne Tribal School will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct, and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable), and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

In light of the preceding paragraph, I waive \_\_\_\_ / do not waive \_\_\_\_ (initial only one) my right to see any written reference or other information provided to the Northern Cheyenne Tribal School by any educational institution.

According to the Montana Statutes, any employer that provides a written communication to the Northern Cheyenne Tribal School regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the Northern Cheyenne Tribal School will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive \_\_\_\_ / do not waive \_\_\_\_ (initial only one) my right to receive a copy of any written communication furnished to the Northern Cheyenne Tribal School by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the Northern Cheyenne Tribal School by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this Northern Cheyenne Tribal School to complete its background investigation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

**NORTHERN CHEYENNE TRIBAL SCHOOL**  
**# 1 Campus Drive**  
**Box 150**  
**Busby, MT 59016**  
**RACE-SEX DOCUMENTATION**

The following information is necessary for the district to keep on file to verify statistics regarding the classification of applicants in making required annual reports to the Department of Health, Education and Welfare and the Office of Civil Rights.

This information is to be removed from the application upon receipt and kept on file and will not be transferred to the application.

1. Type of position applied for: \_\_\_\_\_ Administrative \_\_\_\_\_ Teacher

2. If you checked "Teacher", please indicate which field(s) certified in, in order of preference. You must be certified or certifiable in that field indicated.

A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

3. Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

4. Race:

\_\_\_\_\_ White-Non-Hispanic \_\_\_\_\_ Black-Non-Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Island  
\_\_\_\_\_ American Indian/Alaskan Native

**NOTE: PLEASE RETURN ENCLOSED WITH YOUR APPLICATION TO ENSURE PROPER ACCOUNTING PROCEDURES. THIS WILL BE REMOVED FROM APPLICATION UPON RECEIPT.**

*Application revised on 4/21/10-Admin. Assistant*