

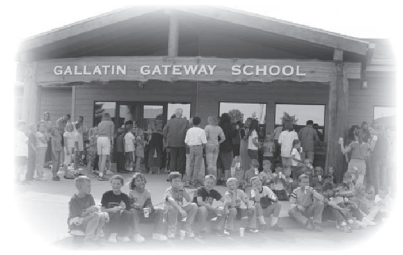
Gallatin Gateway School

"Educating the Future"

100 Mill Street, PO Box 265, Gallatin Gateway, MT

Phone: (406)763-4415 Fax: (406)763-4886

www.gallatingatewayschool.com



***Job openings/closing dates will be listed in the Bozeman Daily Chronicle.
Unsolicited applications will not be accepted.***

The following application materials must be submitted to be considered for advertised openings:

1. A completed Application Form.
 2. A cover letter addressing qualifications and experience.
 3. A résumé listing three professional references.
 5. Copy of state K-8 certification - if you have one
- ⊗ Applications must be received at Gallatin Gateway School by 4:00 p.m. on the stated closing date.
 - ⊗ Applications and supporting materials will not be returned.
 - ⊗ Background checks will be preformed on all finalists. The Authorization to Release Information form must be completed in full. The Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

Equal Opportunity Employer The Gallatin Gateway school district 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.

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 Form I-9 of the U.S. 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.

Authorization to Release Employment Records If employed by a 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 The school district is a drug free, tobacco free school and, as such, requires all employees to adhere to specific drug free, tobacco free policies.

All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment.

Application For Teacher Aide/Paraeducator

Name _____ Phone _____

Address _____

Email _____ TB Test _____ date

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Have you been previously employed by Gallatin Gateway School? _____ If yes, when? _____

Are you able with or without reasonable accomodation to perform the functions of the job for which you are applying? Yes _____ No _____ (GGS Clas-006)

Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes _____ No _____

If yes, please explain. Include date of discharge or resignation and reson for discharge or resignation:

Record of Education

Name and Address of School	Course of Study	Degree/Diploma/ Teacher Cert. #/ Exp. Date
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Past and Present Employment (Begin with most recent)

Company&Supervisor	Phone	Reason for leaving	Dates
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Personal References (Please List Three)

Name	Address	Telephone	Years Known
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Applicant's Signature _____ Date _____

Social Security Number _____

CLASSROOM AIDE

REPORTS TO: Superintendent/ Principal

ESSENTIAL FUNCTIONS:

Assists instructional personnel with development and presentation of learning materials and instructional exercises.

Assists students individually or in small groups to reinforce and follow up learning activity.

Monitors and assists students through drill, practice, and study activities following presentation of instructional concepts by instructional personnel.

Assists in supervision of students and in maintaining student discipline.

Performs a variety of regular clerical duties such as filing, typing, or duplicating materials.

Performs general clerical duties for instructional staff, such as typing and duplication of materials.

Distributes and accounts for materials such as textbooks, supplies, and equipment; collects, assembles, catalogs, and distributes resource materials.

Assists in maintaining a variety of reports and records.

Assists in maintaining a neat, orderly, and attractive learning environment.

Assists in scoring tests; computes and records grades.

May assist in parent conferences if requested by the instructor.

Monitors and assists students in the halls, recess and lunchroom.

Only minimum duties are listed. Other functions may be required as given or assigned.

DESIRED MINIMUM QUALIFICATIONS:

Completion of at least two years of study at an institute of higher education; obtain an associate or higher degree or meet a rigorous standard of quality; and can demonstrate through a formal state or local academic assessment the knowledge of and ability to assist in the instruction of reading, writing, and math.

Knowledge of general concepts of child growth, development, and behavior characteristics.

Routine record keeping.

Knowledge of public education goals and objectives.

Assume responsibility for assisting in supervision of students.

Perform routine clerical work and light typing.

Learn and utilize basic methods and procedures to be followed in instructional settings.

Demonstrate an understanding, patient, warm, positive, and receptive attitude toward children.

Understand and carry out oral and written instructions.

Maintain cooperative working relationships with staff, students, parents, and general public.

Ability to handle stressful situations.

Ability to maintain confidentiality of employment and student matters.

Ability to effectively manage time and responsibilities.

EQUIPMENT USED:

Computer (IBM & Mac), overheads, VCR/TV equipment, calculator, copier, fax machine, telephone/voice mail, email, website, and two-way radio system.

WORK ENVIRONMENT:

While performing the duties of this job, the employee regularly works inside but may be assigned to outside activities.

The noise level in the work environment is usually moderate.

PHYSICAL DEMANDS:

While performing the duties of this job, the employee is frequently required to sit; occasionally walk and stand; twist at neck, bend at waist; kneel. Specific vision abilities required by this job include close vision, distance vision, depth perception, and the ability to adjust focus. The employee is required to be able to hear conversations in quiet environments. May be required to lift or move up to 30 pounds.

MENTAL/MOTOR DEMANDS:

While performing the duties of this job, the employee rarely performs routine work. The employee frequently exercises flexibility (ability to shift from one task to another). Guidance and reinforcement are usually available. The employee frequently works within time constraints and maintains attentiveness intensity.

The physical demands, work-environment characteristics, and mental/motor demands described within this job description are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

For those classified employees employed under a written contract for a specified term, nothing contained in this job description shall create a property right beyond the specified duration of the employment contract.

History

Approved on: February 11, 2003

Revised on:

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment or volunteer assignment with the Gallatin Gateway School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the Gallatin Gateway School District. I hereby expressly and voluntarily give the Gallatin Gateway School District the right to make a thorough investigation of my past employment, education, and activities. I specifically authorize the release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in Section 44-5-103(3), MCA**, to the staff of the Gallatin Gateway School District and its agents. I understand that the Gallatin Gateway School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

I hereby release the Gallatin Gateway School District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print Full Name: _____

Print Full Address: _____

_____ City State Zip

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)
: ss.
County of _____)

On this ____ day of _____, 200_, before me, a notary public of the State of Montana, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that _____ executed the same as _____ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public, State of Montana
County of _____
My commission expires _____

I hereby certify that (check the applicable box and provide the information requested):

I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest (minor traffic offenses excepted).

I have pleaded guilty to or have been convicted of at least one violation of criminal law. Please attach and sign a complete description of the circumstances surrounding such conviction. (This may not necessarily disqualify a person from consideration for employment.)

EMPLOYMENT PREFERENCE FORM

Name _____ Social Security Number _____

Position Applied For _____

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a scored procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order, over any no preferred applicant holding substantially equal qualifications.

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

A Veteran, if

1. you have been separated under honorable conditions,

AND

2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

1. you have been separated under honorable conditions from active 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/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.

3. In the box below, check the attachment you have included to document the preference request.

DD-214

Other

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SIGNATURE: _____ DATE SIGNED: _____