



Mountain View School District No. 244

714 Jefferson Street
Grangeville, Idaho 83530
208-983-0990 Office
208-983-1245 Fax
davisw@jdsd241.org

Application for Certificated Position

Applicant Information						
Name:						
<i>Last</i>		<i>First</i>		<i>M.I.</i>		
Date of Application:						
Address:			City:	State:	Zip Code:	
Position(s) for which you are applying:			Location of Opening(s): <i>(school, building, etc.)</i>			
Phone No:		Cell No:		Email:		
Have you ever been convicted, pled guilty, or received a withheld judgment for a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:						
How did you learn of the position for which you are applying?						
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Internet	<input type="checkbox"/> Job Service	<input type="checkbox"/> I.A.S.A.	<input type="checkbox"/> College Bulletin	<input type="checkbox"/> Other (please list)	
Certification						
Do you have a valid Idaho Certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what would it take for your to obtain one?			
If yes, do you carry the necessary endorsements for the position for which you are applying?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain below:		
If you have a valid Idaho Certificate please complete the following:						
Type of Certificate:						
Initial Certification Date:		Issue Date:		Expiration Date:		
Endorsements:						
Where are your credentials on file?						
Education						
Please list in order of attendance: <i>(if more space is needed, please use a separate sheet)</i>						
College and/or University	Location	Dates Inclusive	Degree Earned	Date of Degree	Major and Credit Hours	Minor and Credit Hours

Education, continued						
Teaching and Job-Related Experience						
Please list most recent experience first:						
Employer Name	Address	Superintendent or Supervisor	Phone and/or Email	Number of Years	Date From/To	Position Held
Extra-Curricular						
List those extra-curricular activities which you feel competent to sponsor or direct:						
	Have you sponsored or directed this activity in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/when?					
	Have you sponsored or directed this activity in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/when?					
	Have you sponsored or directed this activity in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/when?					
References						
List at least three people, not related to you, who can recommend you for this position – if you have had teaching experience, please list superintendents and principals for whom you have taught: <i>(list most recent first)</i>						
Name:	Address:	Phone No. and/or Email Address:		How Known: <i>Ex. Superintendent/Friend</i>		

Employment will be based on the following procedures, unless otherwise noted on the vacancy listing:

- Preliminary screening of applicants will be based on ability to meet job description requirements as evidenced by completed application, placement files, and transcripts. Along with items listed on this form, other supportive materials may be submitted by the applicant.
- Additional data will be requested from the candidate or from references after step one, such as, letters of recommendation and other information as determined by the district office.
- Finalists will be required to attend a personal interview within the district.

- A recommendation for employment will be submitted to the Board of Trustees. Notification of employment will be sent to the appropriate candidate.
- It is the candidates responsibility to check on employment status.

NOTICE: Joint School District No. 244 is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability or veteran status. If you need assistance or an accommodation during the application process because of a disability, it is available upon request by contacting Dr. Wayne Davis at 208-983-0990. The district is pleased to provide such assistance, and no applicant will be penalized as a result of such a request.

I hereby certify that the information herein is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Post-Accident

A driver operating a vehicle for the District that is involved in a reportable accident as defined by the DOT, and who receives a citation in connection with that accident, will be tested for both illegal drugs and alcohol as soon as practical. Alcohol testing must be administered within two (2) hours of the accident and drug testing must be administered within 32 hours of the accident.

Any driver required to be tested under this section must remain readily available for such testing and such a driver may not consume alcohol within eight (8) hours of the accident. A driver who is involved in an accident required a drug and alcohol test must notify the District of the accident as quickly as possible and comply with those instructions given them relative to their taking a drug and alcohol test.

Return to Duty/Follow Up Testing

Any driver that tests positive for illegal drugs or alcohol and who is allowed to continue to drive for this District will be required to take, and pass, a drug and/or alcohol test, at their expense. Thereafter, such a driver will be subject to unannounced random drug and/or alcohol testing the next year. Follow up testing will also be required of drivers who tested positive for drugs or alcohol within the past two years while unemployed by another District.

Specimen Collection Procedures and Test Result Notification

Refusal

A driver operating a vehicle for this District may not refuse to take a drug or alcohol test when requested to do so, consistent with the terms of this policy. Such a refusal will be considered equivalent to testing positive for illegal drugs or alcohol.

A driver will be considered as refusing to test if he/she expressly refuses to take a test when so requested, or otherwise fails to provide an adequate breath or urine sample without a valid medical explanation. Additionally, a driver will be considered as refusing to test if he/she engages in conduct that clearly obstructs the testing process.

Drug/Alcohol Specimen Collection Procedures

All testing for illegal drugs will be done by the testing of a driver's urine specimen. All such testing will utilize the split specimen collection procedure. Under that procedure, each driver will have his/her urine specimen sealed in two separate containers and both sent to a NIDA certified laboratory. This second test will be done at the driver's expense unless the second test comes back negative. All urine specimen collections will be conducted by personnel that have instructed and trained in collection procedures set by the DOT.

All testing for alcohol will be done by the use of a DOT approved breath testing device, operated by a trained and qualified breath alcohol technician (BAT). Blood testing for alcohol will only be allowed when a breath testing device is not readily available.

Adulteration or Submission of a Concealed Specimen

If, during the collection procedure, the collection monitor detects an effort by a driver to adulterate or substitute a specimen, a second specimen will be requested. If a second specimen is provided, that specimen will be tested. If the request for a second specimen is refused, the collection monitor will inform the District contact of the driver's refusal to submit a true specimen. Such conduct by the driver will be considered as a refusal to provide a true specimen for testing.

In the event that a prospective or current employee submits a specimen that the laboratory later identifies as a diluted specimen, the company will advise the employee of that result and request that that employee submit a second specimen. Such donors will be advised by the company not to drink any fluids prior to the test.

Notification of Testing Results

This District has arranged that all testing results received from the laboratory will be forwarded to the District through Minert & Associates, Inc., as the representative of the Medical Review Officer (MRO). Drug or alcohol test results will be reported only to the District contact who has been designated to receive them.

Prior to informing the District of a prospective or current driver's positive result, the driver will be offered an opportunity to personally discuss the positive result with the MRO or his representative. The MRO will follow up on such information as is deemed appropriate. Any driver who is taking a prescription drug that may have been the cause of a positive test result will be asked to provide the name of the medication and the identity of the prescribing physician for verification. If this is verified, the driver's test result will be reported as negative. If, after consideration of the matter, the MRO finds no reason to doubt the validity of the positive test, that result will be conveyed to the District contact, as well as the identity of the drug.

If the driver cannot be located, the MRO, or his representative, may request that the District contact arrange for the driver to contact the MRO as soon as possible to discuss the results of the positive test. The MRO will communicate a positive result to the District without discussing the result with the driver if the driver expressly declines the opportunity to discuss the results of the test, or the driver is instructed by the District to contact the MRO but fails to do so within 24 hours.

Effects of Testing Positive For Drugs or Alcohol

Any prospective driver who tests positive for illegal drugs or alcohol will not be hired. Any current driver that tests positive for alcohol or illegal drugs will immediately be released from operating a vehicle for the District. Thereafter, such a driver will be terminated from further employment with the District.

Prior to terminating the employment of a driver who tests positive for drugs or alcohol, the District will provide to such drivers information relating to counseling and treatment programs. It will be the responsibility of the driver to contact such facilities and pay for any necessary counseling and/or treatment.

For purposes of this policy, an employee tests positive for alcohol when that employee's blood alcohol concentration (BAC) exceeds 0.04. If an employee tests above 0.02 BAC, that driver will not be allowed to operate a vehicle for this District for 24 hours from the time of the test. A driver that twice tests above 0.02 BAC in a year's time will be treated as the equivalent of testing positive for alcohol. This last provision is done as a matter of District policy and is not as required by the DOT.

Mountain View School District #244

Date

ADOPTED DATE 6/19/95
Revised/Adopted: 8/20/07

DOT DRUG TESTING PROGRAM
Controlled Substance Testing Consent Form
(Prospective Employees)

As a part of my application for employment as a driver of a motor vehicle for Mountain View School District #244, I consent to a drug/alcohol test as required by federal regulations.

I understand that if I test positive for illegal drugs or alcohol, I will not be offered employment.

I understand that the collection, testing and reporting of my specimen will be done in accordance with DOT regulations relating to the testing of controlled substances. If I am taking any prescription medication at the time of my drug test, I will be afforded an opportunity to discuss that with an MRO if my test comes back positive for illegal drugs.

I consent to the release of my test results received by Minert & Associates, Inc., as the representative of the Medical Review Officer, to management officials at Mountain View School District #244 verifying from my past employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. I consent to the release of that information by those employers for who I have worked during the past two (2) years as a vehicle driver. I further understand that if it is determined that I have tested positive for illegal drugs or alcohol with another employer during the past two years that I will not be offered employment by the District.

Applicant's Name (Print)

Applicant's Home Phone Number

Applicant's Signature

Date

Mountain View School District #244
DOT DRUG TESTING PROGRAM
Controlled Substance Testing Consent Form
(Current Employees)

As a condition of my continued employment as a driver of a motor vehicle for Mountain View School District #244, I consent to take a drug and/or alcohol test as required by the terms of the District's Substance Abuse Policy.

I understand that if I test positive for illegal drugs or alcohol, I will be relieved from operating a vehicle for Mountain View School District #244 and will be terminated from further employment with the District.

I further agree that in the event that I am involved in an on-the-job accident (as defined by the terms of the District's Substance Abuse Policy), I authorize the release of relevant hospital reports, or other documentation, that would indicate whether there were any illegal drugs or alcohol in my system at the time of the accident.

I consent to the release of my test results received by Minert & Associates, Inc., as the representative of the Medical Review Officer, to management officials as Mountain View School District #244 and understand that those results will be held in confidence by them.

I have received, read, and understand the terms of Mountain View School District #244's Drug Free Workplace testing program, dated January 1, 1995, and agree to abide by those terms during my employment at Mountain View School District #244.

Driver's Name (Print)

Driver's Signature

Date

SUSPENSION & INFORMAL HEARING FORM MOUNTAIN VIEW SCHOOL DISTRICT #244

Student _____ Date _____

____ Student was informed that this is an informal hearing.

Infraction:

Student Response:

___ Admitted charge ___ _____ Denied part/all of the charges

___ Student statement attached ___ _____ Other

School Action:

___ The student was informed of the substantiating evidence.

After the informal hearing, the following action was taken according to policy/handbook guidelines (including date and length of suspension):

Notification to Parents/Guardians: ___ By phone ___ In person ___ In writing ___

District Policy 501 included ___ Yes ___ ___ No ___.

****Please note**** A student that has been suspended cannot be on any school property or attend any school sponsored activity for the length of the suspension. A student or his/her parents can appeal a suspension to the Superintendent of School District #244. The District Office is located at 714 Jefferson in Grangeville, Idaho (208-983-0990).

Administrator _____

cc: Student File, Parent/Guardian, Superintendent, School Board

NON-RESIDENT ENROLLMENT APPLICATION

Name of Receiving School District _____ School District No. _____

I have read the guidelines on Non-Resident Student(s) enrollment, and hereby request that my son/daughter be Permitted to attend _____

(name of receiving school)

1. Parent/guardian Name _____

2. Parent/Guardian Address _____

Home phone # _____ Work phone # _____

3. Applicant student's name _____

Date of Birth _____

4. School student is presently attending _____ Grade _____

(name of school)

5. Present school address _____

(street)

(city/town & state)

(zip)

6. Has the student ever been suspended or expelled from school? Yes _____ No _____

If Yes describe the circumstances including dates and duration.

7. Reason(s) for requesting attendance in this school. (Optional)

8. Special instructional programs in which the applicant child is currently enrolled. (for example: Vocational, Foreign Language, Remedial, Special Education, Gifted/Talented, etc.)

9. Special instructional programs that the applicant child expects to enroll in during the next school year.

10. Transportation arrangements that will be made.

(Parent's Signature)

(Date)

Approved

(Superintendent of School's Signature)

Disapproved

Following action by the receiving school district, copies shall be sent to: Parents, Building Principal, and Superintendent of Home District.

*NOTE: A copy of the applicant student's accumulative record must be attached to this application.

MOUNTAIN VIEW SCHOOL DISTRICT #244

SEXUAL HARASSMENT AND SEXUAL VIOLENCE REPORT FORM

General Statement of Policy Prohibiting Sexual Harassment

Mountain View School District #244 maintains a firm policy prohibiting all forms of discrimination based on sex. Sexual harassment and sexual violence against students or employees is sex discrimination. All persons are to be treated with respect and dignity. Sexual violence, sexual advances or other forms of personal harassment by any person, male or female, which create an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of Alleged Incident(s) _____

Name of person you believe sexually harassed or was sexually violent toward you _____

List any witnesses that were present _____

Where did the incident(s) occur _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that _____ has sexually harassed or was sexually violent to me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature) (Date)

Received by _____ (Date)

Student Records Access Form

Student Name: _____ Date of Birth: _____

Name of person making request: _____

Relationship to student: _____

I would like to:

- I would like to inspect my student's school cumulative record
- I would like to obtain a copy of my student's school cumulative record
- I would like to inspect and obtain a copy of my student's school cumulative record.

Inspection

I would like to visually inspect the following:

- My student's complete cumulative record.
- My record at this office for the time period _____ to _____.
- A specific section of my record (please describe):

Obtaining a copy

I would like to obtain a copy of the following:

- My student's complete school cumulative record.
- My record at this office for the time period _____ to _____.
- A specific section of my record (please describe):

I request the record in the form of:

- Readable hard copy at a fee per page indicated below, and payable at time of receipt.
- A summary in lieu of receiving the complete record, at a fee indicated below.
- Other format agreed to by the school and at a fee indicated below:

Delivery

- I would like to pick up the copy of my records on the following date and time:

- Please mail the copy of my student's records to:

- I agree to a fee of \$ _____ payable at time of receipt.

This practice has the right to deny access, in whole or in part to protected health information as provided in 164.524 paragraph(s) sections (2) and (3) of the Healthcare Portability and Accountability Act of 1996.

Signature: _____ Date: _____

Relationship to student: _____

To:

Re: Request for Information

Dear _____:

On _____, I received your request for _____.

Section 9-340 (_____) of the Idaho Public Records Law provides: _____

To the extent that your request involves records that are exempt from disclosure under this section, the request is denied.

You have 180 days from the date of mailing indicated below in which to protest this decision. You have the right to file a petition in the district court of the county where the records, or some part of them, are located, requesting the court to compel disclosure of the information. The court will set a time for our response and for a hearing at the earliest possible time, not later than twenty-eight days after the petition is filed.

I regret that we could not accommodate your request.

Very truly yours,

Designated Custodian

[] This request has been reviewed by _____,
our attorney.

Approved: _____
(signature of attorney)

[] Though I have had an opportunity to have this request reviewed by an attorney, I have chosen not to do so because the Idaho Public Records Law makes this information exempt from disclosure.

[] I have consulted with our attorney, _____, by
telephone.
cc: attorney]

CERTIFICATE OF MAILING

I hereby certify that the original of this letter was deposited in the United States mail, postage prepaid, this _____ day of _____, _____.

REQUEST FOR PUBLIC RECORDS

If more than three working days are needed to locate or retrieve the requested records, a response shall be provided within ten (10) working days of the request.

I request to examine
 copy the following records:

Signature

Name (Please Print)

Date of Request

Mailing Address:

Zip

Daytime Phone Number

(for office use only)

JOINT SCHOOL DISTRICT #241
[Public Agency]

Date Received

Charge for _____ copies @ .20 per copy = \$ _____

colored copies @ 1.00 per copy = \$ _____

Charge for staff time _____ hours @ _____ per hour = \$ _____

Total Amount Due _____

Receipt Number: _____

Received by: _____

CITIZENS REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

TITLE _____ book _____ magazine _____ other _____

Author (or Director if AV) _____

Publisher or Distributor _____

Request initiated by (name) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Do you represent: _____ Yourself _____ Organization or Group

Name of organization represented _____

1. To what do you object in the work noted above: Please be specific. Cite pages, specific scenes, etc.

2. Did you read or view the entire work: _____
What parts? _____

3. What do you feel might be the result of reading/viewing this work? _____

4. For what age group would you recommend this work? _____

5. For what do you believe is the theme of this work? _____

6. Is there anything good about this material considered as a whole? _____

7. What would you like the library to do about this work?
____ Return to staff selection committee for re-evaluation.
____ Other. Explain

8. Comments:

SIGNATURE: _____ Date _____

Volunteer Confidentiality

709F

4600F

Volunteer Confidentiality

In the course of their work in the school, volunteers might have access to student records. To make sure volunteers know the importance of keeping records confidential, the Mountain View School District requires all Volunteers to sign this Volunteer Code of Confidentiality.

Code of Confidentiality for Volunteers

1. All student records should be considered confidential.
2. Volunteer should guard against leaving records in a place where they can be viewed by others.
3. Volunteers should never share copies of records.
4. Volunteers should not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher, principal, or guidance counselor.
5. Volunteers should not discuss or repeat information overheard from teachers or administrators while in the school or at school-sponsored functions.
6. Directory information, including student's and staff's name, address, telephone number, date and place of birth, student's photograph, participation in officially recognized activities and sports, weight and height of student members of athletic teams, dates of attendance and awards received, and previous educational agencies or institutions attended can only be shared by volunteers with administrative approval. Volunteers should never share copies of student information without administrative approval.
7. Concerns or questions of issues of confidentiality regarding student records should be brought to the attention of the staff member that supervises the volunteer and the school administrator.
8. Any knowledge by the volunteer or school personnel of a violation of this Code of Confidentiality should be immediately reported to the school administrator and the staff member who supervises the volunteer.

By signing, I acknowledge that I have read, understand, and will comply with the Volunteer Code of Confidentiality.

Date

Signature

Adopted on: 8/20/07

Revised on:

**MOUNTAIN VIEW SCHOOL DISTRICT #244
VOLUNTEER APPLICATION**

709F
4600F

Thank you for your interest in serving as a school volunteer. The application procedure helps us to provide the safest environment for our students. Prior to completing the volunteer application it is required that you read the District's policy regarding volunteers. A criminal history/fingerprint check will be obtained for volunteers who have unsupervised access to children. The school's volunteer coordinator will contact you upon the application process being completed.

Personal Information:

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

City of Birth: _____ State of Birth: _____

Gender: _____ Race: (optional) _____

Home Phone: _____ Business Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Selection:

1. List all schools where you will volunteer:

_____	_____
_____	_____
_____	_____

2. If you have children attending those schools, list the child's name, grade and school:

Child's First & Last Name: _____
School Child Attends: _____
Grade: _____

Child's First & Last Name: _____
School Child Attends: _____
Grade: _____

Child's First & Last Name: _____
School Child Attends: _____
Grade: _____

Volunteer Availability:

I am available at the following times:

	Monday	A.M.	P.M.
A.M.		Tuesday	
P.M.		Wednesday	A.M.
		Thursday	
A.M.	P.M.	Friday	A.M.
P.M.			

Education Information:

Provide highest level of education completed: _____

Employment Information:

Current Employer: _____
Address: _____
Position: _____
Years with Employer: _____

Past Volunteer Experience:

Name of Organization: _____
Contact Name: _____
Address: _____
Can we contact Supervisor? Yes No
Name of Supervisor & Supervisor's Position: _____
Phone Number: _____
When did you volunteer? From: _____ To: _____

References:

List two references who have known you for at least one year and are not related to you. Please notify your references to expect us to contact them.

Name # 1:	Name # 2:
Phone: Relationship: _____	Phone: Relationship: _____
Email: _____	Email: _____

Background

Security Information:

To safeguard the children we serve, Mountain View School District #244 screens volunteer applicants. All information is confidential and will not be shared.

Yes No NA If warranted by the volunteer position I am applying for, I will cooperate with the Mountain View School District in obtaining fingerprint background check.

Yes No Have you ever been convicted of a felony? If yes, explain:

Yes No Have you ever been arrested, found guilty, entered a plea of no contest or had adjudication withheld in a criminal offense other than a minor traffic violation?

Statement of Understanding & Signature (Required):

I have read the district's policy and procedure regarding volunteers. I fully understand the policy and procedure and agree to abide by them.

I affirm that all of my responses are true, complete and correct to the best of my knowledge and are made in good faith. In addition, I certify that I have reviewed the above criminal history information and responded truthfully. I understand that all involvement with students is restricted to approved school activities. In exchange for the benefit I receive from being allowed to volunteer within the school district I agree to indemnify Mountain View School District #244 from any and all responsibility of liability that they may incur as a result of volunteering my services to the district.

Signature

Name Printed

Date

IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION

NON-CRIMINAL JUSTICE CRIMINAL HISTORY RECORDS
FINGERPRINT CHECK REQUEST

of the Idaho Central Repository of Criminal History Records

**A completed fingerprint card must be attached to this request. Submit a separate form for each request.
Please print clearly in blue or black ink.**

REQUEST (check one)			
I am requesting an Idaho criminal history check on the subject named below..			
I am requesting a copy of my Idaho criminal history check..			
Name	Date of Birth		
Requester Name (if different)	Reason for Criminal History Check		
Address of Requester (Results will be mailed to this address.)			
RESULTS			
Record Attached	No Record Found	BCI Initials	Date

General Information: An individual may obtain a copy of an Idaho record through the following procedures.

Submit a set of rolled fingerprints of the subject of the check on an applicant fingerprint card. These will be used to search the BCI database of fingerprints. BCI will return the fingerprint card with the search results. Fingerprints provide a positive method of identification. The fingerprint card must be completed and include: name (print), alias names (including maiden and previous married names), current address, sex, date of birth, and (optionally) social security number. The subject of the check must also sign and date the card. The date must be within 180 days of the fingerprint card submission.

A check made payable to Idaho State Police must accompany the fingerprint card. The fee is \$10 for each fingerprint check. A \$20.00 processing fee will be charged for any returned checks.

This request may be hand delivered or mailed to the address below. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

P.O. BOX 700 MERIDIAN, ID 83680-0700 - (208) 884-7130 - FAX 884-7193