



**PREVIOUS EMPLOYERS**

Please note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical.* Ask for a phone book or call information if you need that resource.

**MOST RECENT EMPLOYER**

Yes  No Are you currently working for this employer?  
 Yes  No If yes, may we contact?

PHONE (    )  
 FAX (    )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASONS FOR LEAVING \_\_\_\_\_

**SECOND MOST RECENT EMPLOYER**

PHONE (    )  
 FAX (    )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASONS FOR LEAVING \_\_\_\_\_

**THIRD MOST RECENT EMPLOYER**

PHONE (    )  
 FAX (    )

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

DUTIES \_\_\_\_\_

SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASONS FOR LEAVING \_\_\_\_\_

Include only individuals familiar with your work ability. Do not include relatives.

| 1. | NAME | ADDRESS/PHONE | YEARS KNOWN/RELATIONSHIP |
|----|------|---------------|--------------------------|
| 2. |      |               |                          |

**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non job-related. Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: \_\_\_\_\_

| NAME        | CITY/STATE | GRADUATE? | DEGREE? |
|-------------|------------|-----------|---------|
| HIGH SCHOOL |            |           |         |
| COLLEGE     |            |           |         |
| OTHER       |            |           |         |

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



APPLICANT AUTHORIZATION AND GENERAL RELEASE

I (print name) \_\_\_\_\_ hereby authorize YBGR (herein known as “Company”) and TRAK - 1 (herein known as “Service Provider”) to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq. (the “Act”), Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, Institution, School, Organization, Credit Bureau, State Boards, Licensing Agency, and other entities including my Present and Past Employers.

I further release and discharge YBGR and it’s “Service Provider” (Trak-1) and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request (s) for, or receipt of, information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to the “Service Provider” (Trak-1) for additional information concerning the nature and scope of investigation. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

Are you applying for employment in California, Georgia, Minnesota or Oklahoma? (Circle One) Yes or No  
If so, do you want a copy of any Consumer Report prepared concerning you? (Circle One) Yes or No

I understand that California law requires Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Previous (former) Names: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

State Issued: \_\_\_\_\_

**RELEASE OF INFORMATION  
For Licensed and Approved Provider  
Criminal/Motor Vehicle/Protective Service Background Checks**

| <b>Section A</b> PLEASE PRINT LEGIBLY   |        |  |                                |
|---|--------|--|--------------------------------|
| Name: _____   |        |  |                                |
| First   | Middle | Maiden   | Last                           |
| Aliases/Other Names Used: _____   |        |  |                                |
| Current Address: _____  |        |  |                                |
| Date of Birth: _____  |        | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                                |
| Social Security #: _____  |        | Driver's License # _____   |                                |
| <b>Section B</b>  |        |  |                                |
| <b>Adults:</b><br>Please list below where you have resided since age 18.  |        |  |                                |
| <b>If applying to adopt a child,</b> and the person listed in section A is under age 18, please list below where the person named in Section A has resided since <b>age 13.</b> |        |  |                                |
| Pursuant to Mont. Code Ann. § 42-3-203(2)(b), the Department may complete a youth court records check on any person living in the prospective adoptive home.                    |        |  |                                |
| <b>Please attach additional pages if necessary:</b>   |        |  |                                |
| City  | County | State  | Dates of Residency (From – To) |
|   |        |  |                                |
|   |        |  |                                |
|   |        |  |                                |
|   |        |  |                                |
|   |        |  |                                |

**Section C**

**Please check as many as apply:**

- I am  an applicant for  Foster Care  Kinship Care  Adoption  Guardianship  
 Yellowstone Boys and Girls Ranch  
 a member of an applicant's household \_\_\_\_\_ is applying  
to be licensed or approved for: NAME OF APPLICANT
- Foster Care  Kinship Care  Adoption  Guardianship

**Section D**

As part of the initial and subsequent annual application process, I hereby authorize any law enforcement, motor vehicle or protective services agency to release all records they have regarding me to the State of Montana, Department of Public Health and Human Services at:

Yellowstone Boys and Girls Ranch

I understand that any information obtained from these checks will be used by the Department to evaluate an application for licensure as a foster parent or approval as an adoptive parent or guardian. I hereby authorize release of such information by the Department to any Licensed Child Placing Agency in the State of Montana. A copy of this form is as valid as the original.

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

**Section E**

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. 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Montana

Printed Name: \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Education and Certification (Include High School and all Post H.S. Training and Education)**

| Name and Location of School | Degree | Date Graduated | Major | Minor | Cum. G.P.A. |
|-----------------------------|--------|----------------|-------|-------|-------------|
|                             |        |                |       |       |             |
|                             |        |                |       |       |             |
|                             |        |                |       |       |             |
|                             |        |                |       |       |             |
|                             |        |                |       |       |             |
|                             |        |                |       |       |             |
|                             |        |                |       |       |             |

Montana Certificate Folio Number \_\_\_\_\_

Class of Certificate \_\_\_\_\_ Level of Certificate \_\_\_\_\_ Exp. Date \_\_\_\_\_

Endorsements \_\_\_\_\_

**Important (certified applicants)**

Your application will be considered "complete" when all of the components as listed below are received.

1. Formal Yellowstone Academy Application
2. Placement File
3. Transcripts
4. Certification
5. 300 word handwritten statement of your educational philosophy.

**NOTE:** It is the applicant's responsibility to request each college or university attended, to provide Yellowstone Academy with official transcripts and a copy of applicant's placement file.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA

may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

### **For Questions or Concerns Regarding:**

### **Please Contact:**

CRAs, creditors and others not listed below

Federal Trade Commission  
Bureau of Consumer Protection FCRA  
Washington, DC 20580 202-326-3761

National banks, federal branches/  
agencies of foreign banks (word  
"National" or initials "N.A." appear  
in or after bank's name)

Office of Comptroller of the Currency  
Compliance Management, MS 6-6  
Washington, DC 20219 800-613-6743

Federal Reserve System member  
banks (except national banks, and  
federal branches/agencies of  
foreign banks)

Federal Reserve Board  
Consumer & Community Affairs  
Washington, DC 20551 202-452-3693

Savings associations and federally  
chartered savings banks (word  
"Federal" or initials "F.S.B." appear  
in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 800-842-6929

Federal credit unions (words  
"Federal Credit Union" appear in  
institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703-518-6360

Banks that are state-chartered or  
are not Federal Reserve System  
members

Federal Deposit Insurance Corporation  
Compliance & Consumer Affairs  
Washington, DC 20429 800-934-FDIC

Air, surface or rail common carriers  
regulated by former Civil Aero-  
nautics Board or Interstate  
Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 202-366-1306

Activities subject to the Packers  
and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20205 202-720-7051

**Physical Job Safety Analysis (JSA)  
 -Application-**

This information is specific to the physical requirements for the safe performance of THIS employee in THIS specific position.  
**Please complete and return this form with your application.** Thank you!

**Employee Information**

Today's Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

SS# \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: **YA Teacher Position**

**Major Physical Job Responsibilities:**

(Includes activities i.e. lifting, carrying, walking distance, surface, stairs, repetitive motions, etc.)

- |  |   |
|--|---|
| 1. <u>Instruct troubled youth</u>          | 4. <u>Supervise youth &amp; provide for physical safety</u> |
| 2. <u>Ability to stand, walk and sit</u>   | 5. <u>Cognitive skills necessary to make decisions</u>      |
| 3. <u>adequate ability to see and hear</u> | 6. <u>Participate in disciplinary procedures/restraints</u> |

**Body Movements – Physical Requirements**

(Based on total hours in a typical 8-10 hour)

**All Numbers Represent Approximate Hrs.**

|                          | <b>Physical Client</b> |             | <b>Push</b> |
|--------------------------|------------------------|-------------|-------------|
| Bend at Waist: 3-5       | Sports: 1-3            | push 1-10:  | 1-3         |
| Twist Upper Body: 3-5    | Restraints: 1-3        | push 11-25: | 1-3         |
| Kneel: 1-3               | Other: NA              | push 26-50: | 1-3         |
| Walk Uneven: 1-3         |                        | push 50+:   | 1-3         |
| Climb Stairs/Ladder: 1-3 |                        |             |             |
| Reach over 1-3           |                        |             |             |

**Lift (lbs):**

**Pull (lbs):**

**Repetitive Use of Hands for...**

|                 |                 |             |     |
|-----------------|-----------------|-------------|-----|
| Squeezing: 1-3  | Lift 1-10: 1-3  | pull 1-10:  | 1-3 |
| Keyboarding 1-3 | Lift 11-25: 1-3 | pull 11-25: | 1-3 |
| Tool Use: 1-3   | Lift 26-50: 1-3 | pull 26-50: | 1-3 |
|                 | Lift 50+: 1-3   | Pull 50+:   | 1-3 |

**Carry**

**Endurance:**

|            |                  |
|------------|------------------|
| Sit: 3-5   | Carry 1-10: 1-3  |
| Stand: 1-3 | Carry 11-25: 1-3 |
| Walk: 3-5  | Carry 26-50: 1-3 |
|            | Carry 50+: 1-3   |

**Time Spent Working:**

Indoors: 1-3  
 Outdoors: 1-3

**Signature of Applicant**

\*Verification that applicant meets the listed requirements

**OTHER INFORMATION**

Supervises all aspects of classroom and school activities for mentally troubled youth in treatment. May be involved in physical restraint situations when needed. Teachers must have physical, visual, verbal and cognitive abilities to ensure the safety of youth and co-workers.