



4102 St. Joseph Road New Albany, IN 47151-1087
www.shiningminds.com 812.948.1000 bfondren@shiningminds.com

INSTRUCTIONAL APPLICATION FOR EMPLOYMENT

Community Montessori is a non-profit, 501(c) 3 organization. We value, welcome and celebrate a diverse population. We do not discriminate based on race, color, creed, national or ethnic origin, gender, family status or disability. The school treats all employees and applicants for employment without unlawful discrimination as to race, creed, color, national origin, age, disability, marital status, or sexual orientation in all employment decisions.

Please fill out the entire application and send the three references to be returned to Community Montessori.

Date _____

1. Name _____
Last First Middle Initial Maiden

Address _____
Street City State Zip

Email address: _____

Home Phone w/ Area Code: _____ Cell Phone w/ Area Code: _____

2. Position(s) presently applying for:

Early Education _____ Elementary _____ Teens Program(MS/HS) _____
(3-6 year olds incl. "kindergarten") (6-9 yr olds or 9-12 yr olds) (12-15 yr olds or 15-18 yr olds)

3. Were you previously employed by us? _____ If "yes", when? _____

4. Date available to start work: _____ Minimum Salary: _____

Yes No I have reviewed the Differentiated Salary Structure on our website.

5. Give your education history (high school and any colleges/university):

Institution Location Degree

6a. Certification: Do you have a valid Indiana Teaching Certificate?____ If "yes", complete the following:

Number of Indiana Certificate_____ Expiration Date_____ Level _____
(ex. Elem.,Sec.)

Kind _____
(e.g., Standard, Professional, Reciprocal)

Teaching Area(s) in which certified: _____

Endorsement(s) _____
(e.g., Reading, Kindergarten, Driver's Education)

6b. If you do not have an Indiana Teacher's Certificate, list the teaching area(s) in which you expect to be certified in Indiana and the status of your certificate or plans for Indiana licensure:

6c. If you do not have a Montessori Certification, please give plan for future certification:

7. **SUMMARY OF TEACHING EXPERIENCE (YEARS):**

Early Education_____ Elementary_____ Secondary_____ College_____ Total_____
Years in each: Private Schools_____ Public or Charter Schools_____

8. **Enrichment programs you would be interested in supporting** (ex. Foreign Language, Drama, Yoga, Creative Writing, Volleyball, etc.):

9. **PROFESSIONAL REFERENCES** (*References that have seen your work with children*)

NOTE: List a minimum of three (3) professional references that you will be mailing reference forms to at the end of this application packet. Community Montessori will be contacting these references regarding your application; therefore, it is essential that you supply complete information.

NAME **Professional Information** **PHONE w/ Area Code** **Email**

10. **LIST BELOW YOUR ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.**
INCLUDE TEACHING, BUSINESS AND VOCATIONAL EXPERIENCE.

NOTE: Community Montessori will be contacting employment references: please supply complete information.
May we contact your present employer? Yes No

NAME AND ADDRESS OF EMPLOYER	FROM Month	TO Year	ASSIGNMENT	REASON FOR LEAVING	NAME OF SUPERVISOR	Phone number

11. **SUPPLEMENTAL BACKGROUND INFORMATION**

- a. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer, or if you offered a resignation, your previous employer?
Yes_____ No_____
- b. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
Yes_____ No_____
- c. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, of mishandling of funds, or of criminal conduct?
Yes_____ No_____
- d. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of any crime involving sexual abuse of any person, or any other crime of moral turpitude?
Yes_____ No_____
- e. Have you (1) ever been convicted of a crime, other than a minor traffic offense: or (2) ever entered a plea of guilty or a plea of "no contest" , or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?
Yes_____ No_____

If you have answered "yes" to any one of the previous questions, please explain the circumstances, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved: (attach additional pages if necessary)

NOTE: *Conviction of a crime is not an automatic bar to employment. Community Montessori will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.*

12. **AUTOBIOGRAPHICAL STATEMENT (IMPORTANT)**

Write a full statement concerning your background, experiences and philosophy concerning teaching and learning. Please describe how the Montessori philosophy fits your philosophy. (Attach additional sheets if needed).

13. RELEASE AND ACKNOWLEDGMENT

I acknowledge that any false or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local or federal agency. I further authorize those persons, agencies or entities that Community Montessori contacts in connection with my employment application to fully provide Community Montessori any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Community Montessori, its agents and officials, or against any provider of such information.

(NOTE: Sign and date in your own handwriting.)

Signature

Dated this _____ day of _____, 20____.

**** Please fill out three *professional* reference forms in their entirety and mail to two professional, and one employer supervisor for reference information. Please enclose a self-addressed stamped envelope to:**

**Community Montessori
Attn: Barbara Burke Fondren
4102 St. Joseph Road
New Albany, IN 47150**



4102 St. Joseph Road, New Albany IN 47150
812-948-1000

PROFESSIONAL REFERENCE FORM

Reference Name

Reference Street Address

Reference City, State, Zip Code

Reference Area Code/Telephone

PLEASE PRINT REFERENCE NAME AND ADDRESS INFORMATION CLEARLY

APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL FORM

I hereby give you permission to complete and release this reference form to Community Montessori. I agree that the information requested will become a part of my personnel file as an applicant or employee of Community Montessori, and I agree that the information will not be disclosed to me, but is to be treated as confidential by Community Montessori and I release the persons and/or legal entities completing the reference form from any claims, demands, actions, and causes of actions which I might have resulting or to result from the furnishing or utilization of the information requested and/or provided.

Applicant's Name (Please Print)

Position Applied for:

Applicant's Signature

Social Security Number (optional)

Date

CONFIDENTIAL

The above named person has filed an application for employment with Community Montessori. In completing the application, the applicant has indicated that you may be able to help us in evaluating his/her potential as an employee. Will you please help us by completing the inquiry on the reverse side of this letter and adding any comments you may care to make? Your cooperation and promptness in returning this inquiry to us will be greatly appreciated.

Sincerely,

Barbara Burke Fondren
Director, Community Montessori
4102 St. Joseph Road
New Albany, IN 47150

OFFICIAL CONFIDENTIAL INFORMATION

Based on your experience, please rate the applicant as follows

	Excellent	Above Average	Average	Fair	Below Average	Unknown
True love and respect for children/teens						
Regularity of attendance/punctuality						
Support for school(or other work) policies						
Cooperation with administration & faculty						
Success in supporting learning (known or projected)						
Capability in curriculum, materials, techniques						
Reliability & attitude						
Work Ethic						
Personal appearance						
Communication Skills						
Attitude toward work						

How long have you known applicant? _____

Would you recommend employment of applicant as a teacher?

Yes

Without reservation

With reservation

No

Would you want this person to work with your child in an educational setting?

Yes

No

Information given above is based on (please check items which apply):

Personal acquaintance with applicant: _____

A co-worker: _____

Student teacher under my supervision: _____

Worked under my supervision: _____

Student in my classes at school: _____

Please provide a confidential statement regarding this applicant (attach additional pages if necessary):

Please return this form immediately (in the enclosed self-addressed stamped envelope) to:

Community Montessori, 4102 St. Joseph Road New Albany, IN 47150 – 812.948.0441(fax)

Typed or Printed Name

Signature

Firm or School

Position

Mailing Address

Telephone



Community Montessori, 4102 St. Joseph Road, New Albany IN
4102 St. Joseph Road, New Albany IN 47150
812-948-1000

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