



Indiana Montessori Community School
 531 U.S 31 South
 Whiteland, IN 46184
 317-535-0756

EMPLOYMENT APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBERS: HOME _____ WORK _____

SSN _____ DOB _____

POSITION(S) DESIRED:

-
- | | |
|---|---|
| <input type="checkbox"/> ADMINISTRATOR | <input type="checkbox"/> DIRECTOR/DIRECTRESS |
| <input type="checkbox"/> TEACHER PRIMARY | <input type="checkbox"/> ASSISTANT PRIMARY |
| <input type="checkbox"/> TEACHER ELEMENTARY | <input type="checkbox"/> ASSISTANT ELEMENTARY |
| <input type="checkbox"/> TEACHER ADOLESCENT PROGRAM | <input type="checkbox"/> ASSISTANT ADOLESCENT PROGRAM |

SALARY RANGE EXPECTED _____

EDUCATIONAL BACKGROUND

COLLEGE/UNIVERSITY _____ LOCATION _____

MAJOR _____ MINOR _____ CERTIFICATE/ DEGREE _____

MONTESSORI CERTIFICATE _____ DATE _____ LOCATION _____

PREVIOUS EMPLOYMENT

List the current or most recent employment first. If more spaces are needed, please complete on a supplemental piece of paper.

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION _____ SALARY _____

DUTIES _____

DATE OF EMPLOYMENT _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? () NO () YES

EMPLOYER _____ SUPERVISOR _____

ADDRESS _____ PHONE _____

POSITION _____ SALARY _____

DUTIES _____

DATE OF EMPLOYMENT _____ REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? () NO () YES

JOB RELATED REFERENCES

1. NAME _____ OCCUPATION _____ HOW KNOWN? _____
ADDRESS _____ TELEPHONE _____

2. NAME _____ OCCUPATION _____ HOW KNOWN? _____
ADDRESS _____ TELEPHONE _____

3. NAME _____ OCCUPATION _____ HOW KNOWN? _____
ADDRESS _____ TELEPHONE _____

CERTIFICATE OF APPLICANT

I hereby certify that all answers and statements on this application are true. I have completely set forth my qualifications and experience and I waive the right to present any additional fact at any time in the future during my employment in the event of any review or classification appeal of my employment. I understand that should an investigation disclose willful falsification, my application may be rejected, my name removed from consideration, or if I am employed by the school, the falsification shall be considered sufficient cause for dismissal and termination. You are hereby authorized to make any investigation of my record of any or all of my former employers, with no liability therefore.

I understand and agree that I may be required to take a physical examination or drug test as a condition of hiring or continued employment. I agree to consent to take such a test(s) as designated by the school and to release the school, its directors/directress/employees from any claim arising in connection with the use of such test(s).

I understand that I am free to resign at any time and Indiana Montessori Community School reserves the right to terminate my employment at any time, with or without cause, and without prior notice.

I understand that, before any contact with children, I must have a current physical with TB test. I understand that all cost for physical will be reimbursed to me upon employment. If I leave employment, for any reason, during the first 30 days, I understand that I will be responsible for all costs for physical and that Indiana Montessori Community School will deduct all such costs, reimbursed to me for physical, from my final paycheck.

APPLICANT'S SIGNATURE

_____ DATE _____

It is our policy to hire and promote without regard to race, creed, color, sex or national origin, or mental or physical handicap unrelated to job performance.