

Name _____ Date _____



Center Grove Montessori School
1607 West Smith Valley Road
Greenwood, IN 46142
317-883-0335
office@centergrovemontessori.com
www.centergrovemontessori.com
tax ID: 26-0175875

Employment Application

Address _____

City, State _____ Zip _____

Phone: _____ Work: _____ Email: _____

SSN# _____ D.O.B _____

Position(s) Desired

- Administrator
- Director/Directress
- Teacher Primary
- Assistant Primary
- Teacher Elementary
- Assistant Elementary
- Teacher Adolescent Program
- Assistant Adolescent Program

Salary Range Expected _____ - _____

Educational Background

College/University _____ Location _____

Major _____ Minor _____ Certificate/Degree _____

Montessori Certification _____ Date _____ Location _____

Previous Employment

List the current or most recent employment first. If more spaces are needed, please complete on another 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

Employer _____ Supervisor _____

Address _____ Phone _____

Position _____ Salary _____

Duties _____

Date of Employment _____ Reason for Leaving _____

May we contact this employer? No Yes

Job Related References

*Name _____ Occupation _____ How Known? _____
Address _____ Phone _____
*Name _____ Occupation _____ How Known? _____
Address _____ Phone _____
*Name _____ Occupation _____ How Known? _____
Address _____ Phone _____

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 or 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 Center Grove Montessori reserves the right to terminate my employment at any time, with or without cause, and without prior notice.

Applicants 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.