



community **Montessori**

EDUCATION FROM WITHIN

4102 St. Joseph Road New Albany, IN 47151-1087

www.shiningminds.com

812.948.1000

bfondren@shiningminds.com

GENERAL 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

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

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

Email address: _____

2. Position(s) presently applying for:

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

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

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

<u>Institution</u>	<u>Location</u>	<u>Degree</u>

6a. Certification: Do you have any particular certifications or trainings that support this position?:

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.*

10. **AUTOBIOGRAPHICAL STATEMENT (IMPORTANT)**

Write a full statement concerning your background, experiences and work ethic. (Attach additional sheets if needed):

11. **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 one personal, one professional, and one employer supervisor for personal 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



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