



# Bluffview Montessori

## Employment Application

**NAME***(Please Print)**Last Name**First Name**Middle Name***Present Address***Number and Street**City and State**Zip Code***Home**

Phone (\_\_\_\_) \_\_\_\_ / \_\_\_\_

**Work**

Phone (\_\_\_\_) \_\_\_\_ / \_\_\_\_

Social Security \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Cell Phone, Pager, or Other Number:** \_\_\_\_\_**Position for which Application is Made:** \_\_\_\_\_**Date Available** \_\_\_\_\_**Are you a Veteran?** Yes \_\_\_\_\_

No \_\_\_\_\_

**List Your Current Education/Administrative Licenses or Certificates You Hold:**

FILE FOLDER OR LICENSE NUMBER	STATE	FUNCTION DESCRIPTION	DATE ISSUED	EXPIRATION DATE

**Are you currently working toward an additional license and how many credits have you earned towards licensure? If so, what licensure area?****Has any disciplinary action been taken against your license for sexual misconduct or attempted misconduct in Minnesota or any other state?****Education – Full information and dates are required:**

SCHOOLS ATTENDED	NAME AND LOCATION	DEGREE (BA,BS, MA,MS,DOC,SPE)	MAJOR	MINOR	DATE OF GRADUATION
HIGH SCHOOL OR GED					
COLLEGE OR UNIVERSITY					
GRADUATE					
BUSINESS OR TECHNICAL					

**Employment References**

Name	Title	Business Address Street, City, State, Zip Code	School or Company And Telephone Number

**Employment History:**

Please provide a complete history of your work experience (Part-time and Full-time). Please explain in detail of any gaps in your employment history. Attach additional pages if necessary.

**ACCURATE AND COMPLETE INFORMATION IS REQUIRED**

<p><b>Employer (List most recent first)</b>            Name _____            Address _____            Supervisor _____ Phone ____ / ____ / ____            Position Held _____            Job Responsibilities _____            _____            _____            _____            _____            Reason for Leaving _____</p>
<p><b>Employer</b>            Name _____            Address _____            Supervisor _____ Phone ____ / ____ / ____            Position Held _____            Job Responsibilities _____            _____            _____            _____            _____            Reason for Leaving _____</p>

<b>Employer</b> Name _____ Address _____ Supervisor _____ Phone _____ / _____ / _____ Position Held _____ Job Responsibilities _____ _____ _____ _____ Reason for Leaving _____
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Describe any academic curricular and extracurricular activities, programs, or special training you have received that are related to the type of employment you are seeking. List yours years of experience and whether or not you feel qualified to lead, organize or direct in those areas.

\_\_\_\_\_  
\_\_\_\_\_

**Professional Affiliation/Activities:**

Major professional organizations, committee, workshops, in-service, conferences.

\_\_\_\_\_  
\_\_\_\_\_

If hired, can you provide documentation which shows you are legally eligible to work in the United States? Yes \_\_\_ No \_\_\_

<b>PLEASE BE SURE TO SIGN THIS APPLICATION, AND READ THE FOLLOWING STATEMENTS CAREFULLY</b>
1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that intentionally submitting false or incomplete information will result in rejection of my application or dismissal if I am hired. 2. I authorize Bluffview Montessori School to verify this information to determine whether or not I am qualified for the position for which I am applying I release all parties from liability for any damage that may result from furnishing it to you 3. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date and payment of my wages and salary, be terminated at any time without prior notice. 4. I have received the appropriate Tennesen Warning.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

We appreciate your interest in Bluffview Montessori School and the time you have taken to prepare this application

Where did you learn that this position was open for application?

- Internal posting  Referred/Nominated by friend/colleague  Personal Contact
- National Publication – Which One? \_\_\_\_\_
- Local Newspaper- Name \_\_\_\_\_  School Website \_\_\_\_\_
- Other – Please indicate \_\_\_\_\_

Application materials will be valid for two years from the date it is submitted and must be updated at that time. Please notify the school if there is any change in the information that you have provided to us. Failing to do so may result in your not being considered for employment opportunities.

*In compliance with Federal Law, Bluffview Montessori School administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability. Inquiries regarding compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in education programs or activities, may be referred to the District's Title IX Coordinator at 507-452-2807 or to the Office for Civil Rights, United States Department of Education.*

**Bluffview Montessori School is an Equal Opportunity Employer**



# Bluffview Montessori

## PRIVACY NOTICE (Tennessee Warning)

In accordance with the Minnesota Government Data Practices Act, Bluffview Montessori School (“Bluffview”), is required to inform you of your rights as they pertain to the information we collect about you. Bluffview is asking for this private information so that it can consider your employment application and create a personnel file.

The information we collect from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you in retirement benefit plans;
- To account for wages paid;
- To comply with state and federal reporting requirements.

You are not legally required to provide the information that Bluffview is requesting, and you may refuse to provide some or all of the information requested. However, if you do not provide the requested information, Bluffview may not be able to determine your eligibility for employment or promotion, compute your wages, or provide benefits that you may be entitled to.

The information Bluffview collects from you may be routinely shared with human resources staff, accounting/payroll staff, and insurance companies.

Information may also be shared with other state and federal agencies authorized by law to receive specific data relating to:

- Child support;
- Worker’s compensation;
- Unemployment insurance;
- Health and human services;
- State and federal taxes;
- Other entities if required by a court order or authorized by state or federal law.

The information on this form applies to your future contacts with this organization whether the contact is in person, by mail, or by phone.

I have read and fully understand the above Privacy Notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Employee Name