

Teacher Application for Employment Oak Hill Montessori Community School

An Equal Opportunity Employer

Oak Hill Montessori Community School (OHMCS) does not discriminate against any employee or applicant for employment because of race, color, creed, religion, ancestry, national origin, sex, affectional preference, disability, genetic testing, age (except as required by law), marital status or status with regards to public assistance. Individuals will not be excluded from employment rights, participation in or be denied the benefits of, or be otherwise subjected to discrimination under any program, service or activity under the provisions of any and all applicable federal, state, and local laws against discrimination. (School Name) prohibits the harassment of any employee or job applicant.

Answer ALL questions completely - please print or type - be sure to complete all applicable pages.

Name: _____

Phone Number: _____

Present Address: _____

Email: _____

POSITION INTEREST:

Employment you are seeking: Full time Part-time Temporary Substitute List

Salary required: \$ _____ per _____

List in order of preference the positions for which you are applying:

1. _____
2. _____
3. _____

I will be available to start teaching (date): _____

Have you ever been employed by this Oak Hill Montessori Community School previously? Yes No

If yes, dates employed: From: _____ To: _____

Position: _____

Referred to OHMCS by: Job Posting Employee Other: _____

Are you available for work in the evening and/or on weekends as may be required: Yes No

List any activities you are willing to supervise; i.e., clubs, groups, drama, etc.:

List any sports you are willing to coach; i.e., intramurals, volleyball, football, etc.:

Teaching License: List all areas in which you hold valid Minnesota and/or out of state teaching licenses.

Area of Licensure:	Issuing State:	Date Issued:

EDUCATION:

School Name & Location	No. of Years Completed	Graduate	Degree, diploma or certificate, and area of study
High school last attended:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational, technical school:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or university:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY: List most recent employer first.

Employer Name:	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) from: to:	Salary: Begin: End:
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Employer Name:	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) from: to:	Salary: Begin: End:
City, state, zip code	Phone:	Reason for leaving:
Summarize your job duties:		

Employer Name:	Immediate supervisor's name:	Your job title:
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City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Employer Name:	Immediate supervisor's name:	Your job title:
Street address:	Employment dates (mo. & yr.) from: to:	Salary: Begin: End:
City, state, zip code:	Phone:	Reason for leaving:
Summarize your job duties:		

Have you ever been discharged by an employer: Yes No

If yes, please explain: _____

May we contact the employers listed above? Yes No

If no, please explain: _____

STUDENT TEACHING HISTORY:

School Name:	College Supervisor's Name:	Cooperating Teacher Name:
Street address:	College Supervisor's Number:	Cooperating Teacher Number:
City, state, zip code:	Dates:	Grade and Subject Taught:

School Name:	College Supervisor's Name:	Cooperating Teacher Name:
Street address:	College Supervisor's Number:	Cooperating Teacher Number:
City, state, zip code:	Dates:	Grade and Subject Taught:

DRIVER'S LICENSE (for positions requiring driving):

Number:	State:	Expiration Date:
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OHMCS has policies on sexual harassment and equal opportunity, policies which require employees to perform all assigned work and necessary overtime, policies requiring wage or salary deduction authorizations by employees for school property, debts or moneys not returned or repaid, an at-will employment policy, solicitation and distribution policies, and policies requiring employees to observe all standards of conduct, and policies of OHMCS.

ACKNOWLEDGEMENT: PLEASE READ AND SIGN (if you agree)

By my signature below, I promise that the information provided in this employment application (and in any related documentation or interview) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

I authorize any person, school, current or prior employer named in this form (or related documents or interview) to provide OHMCS with any information and opinion requested by OHMCS in connection with my application, and I release such persons, employers, and schools from any liability in making such statements.

I understand if I am selected for an interview or given a conditional offer of employment, OHMCS may ask me if I have been convicted of a misdemeanor, a felony or convicted in a military court martial and, if yes, ask me to provide information regarding the same. I understand OHMCS may consider this information in connection with deciding whether to hire me in accordance with applicable law. (A conviction will not necessarily disqualify you from employment.)

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted OHMCS policies. I understand and agree that, if hired, my employment is at-will and is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time for any reason.

Applicant's Signature: _____ **Date:** _____

EEO-1 SELF-IDENTIFY FORM

Pursuant to EEO regulations, we are asking that each applicant fill out this self-identification form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from personnel files. It will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. Reported data will not identify any specific individual. Should you have any questions, please contact Human Resources.

Name: _____ Date: _____

Please check one: Male Female

PLEASE CHECK THE APPROPRIATE DESIGNATION

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.