



# MONTESSORI ACADEMY, INC.

Montessori Academy, Inc., is a nonprofit organization dedicated to promoting Montessori methods and education. It promotes and encourages intellectual, social, and physical development of children and Montessori adult teacher education in support of the Montessori community and for the good of the greater Middle Tennessee community.

*Our employment mission is to promote professional excellence in a supportive and excelling community of professionals.*

*Our employment vision is that every employee of Montessori Academy, Inc. be empowered to become maximum contributor to our community striving to grow and excel in his or her chosen profession.*

*Our employment practices set the standard for excellence and fairness to promote a satisfying and dynamic work environment.*

## Application for Employment

### Application Instructions:

1. Complete the Application for Employment.
2. Complete the Fingerprint Scheduling, VECHS Waiver and Applicant's Privacy Rights forms .
3. Have 3 individuals complete Reference Forms and Submit them to Montessori Academy.

Name of Applicant: \_\_\_\_\_

(Please Print)

# Application for Employment



Applicant is applying for the position of:

\_\_\_\_\_ After-Care (3:00 p.m. - close)

\_\_\_\_\_ Substitute (As Needed)

\_\_\_\_\_ Teacher Other \_\_\_\_\_

Location:

\_\_\_\_\_ Montessori Academy

\_\_\_\_\_ Amare Montessori

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Educational Background (Please complete all information, even if you submit a resume.)

| College(s)           | Dates                                | Degree              | Major/Minor |
|----------------------|--------------------------------------|---------------------|-------------|
|                      |                                      |                     |             |
|                      |                                      |                     |             |
|                      |                                      |                     |             |
| Montessori Training  | Training Center/Type                 | Level/Certification | Date        |
|                      |                                      |                     |             |
|                      |                                      |                     |             |
|                      |                                      |                     |             |
| Continuing Education | Montessori Workshop /Seminar / Other | Location            | Date        |
|                      |                                      |                     |             |
|                      |                                      |                     |             |
|                      |                                      |                     |             |

Are you eligible to work in the U.S.A.? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of, or pled guilty, or no contest to, a crime other than a minor traffic violation?

\_\_\_ Yes \_\_\_ No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Work History (Must be filled in. Please include at least the last 3 employers.)

| Company Name | Location | Dates Employed | Immediate Supervisor |
|--------------|----------|----------------|----------------------|
|              |          |                |                      |
|              |          |                |                      |
|              |          |                |                      |
|              |          |                |                      |
|              |          |                |                      |

Please explain any gaps in employment listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References (Work related, not relatives)

| Name | Company/Position | Address | City/State/Zip |
|------|------------------|---------|----------------|
|      |                  |         |                |
|      |                  |         |                |
|      |                  |         |                |

I authorize Montessori Academy, Inc. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Montessori Academy, Inc., and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand a successful completion of fingerprinting and background screening is a condition of employment.

I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

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

\_\_\_\_\_  
Date

**Montessori Academy, Inc. is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.**

|  |                           |
|--|---------------------------|
| For Office Use Only:   |                           |
| EEO Class Code: _____  | EEO Log Date: _____       |
| Date Hired: _____  | Date of Separation: _____ |
| Applicant Flow: _____ Application _____ I-9 _____ Fingerprint Schedule _____ W-4 |                           |
| _____ References   |                           |
| Verification: _____ Ed. _____ Emp. _____<br>(Date) (Date)                        | By: _____                 |



# FINGERPRINT SCHEDULING

|                                     |   |
|-------------------------------------|---|
| Agency ORI                          | TNCC94012   |
| Last Name                           |   |
| First Name                          |   |
| Middle Name                         |   |
| Date of Birth                       |   |
| Place of Birth                      |   |
| Gender                              |   |
| Race                                |   |
| Country of Citizenship              |   |
| Social Security Number              |   |
| Eye Color                           |   |
| Hair Color                          |   |
| Height                              |   |
| Applicant Address                   |   |
| Applicant City                      |   |
| Applicant State                     |   |
| Applicant Zip Code                  |   |
| Applicant daytime phone number      |   |
| Applicant Email Address             |   |
| Reason Fingerprinted<br>(Check One) | <input type="checkbox"/> Employment<br><input type="checkbox"/> Volunteer<br><input type="checkbox"/> Other (Please Explain): |

**Locations:**

Brentwood- Creekside Xing The UPS Store IdentoGO 101 Creekside Xing Ste 1700 Brentwood, TN 37027

Franklin- Bakers Bridge Ave Goin Postal 625 Bakers Bridge Ave, Ste 105 Franklin, TN 37067

Nashville, TN-Murfreesboro Pike IdentoGO 2365 Murfreesboro Pike Nashville, TN 37217

**Appointments** are Monday-Friday every 10 minutes between 10:00am-5: 00 pm.

Please list preferred location as well as 3 options for day/time: \_\_\_\_\_

**APPLICANT WAIVER**

I am applying for employment with the following employer, **MONTESORRI ACADEMY, INC.** By signing this waiver, I am agreeing to the release of any and all of my criminal history that may be in the TBI and FBI criminal databases.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Date

## **NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**VECHS WAIVER AGREEMENT AND STATEMENT  
Volunteer & Employee Criminal History System**

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (**enter Name of Qualified Entity**) Montessori Academy, Inc. to submit a set of fingerprints through the TBI vendor and this form to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

**A national criminal history background check on me is being requested by the following:**

**Name of Qualified Entity:** Montessori Academy, Inc.

**Address:** 100 Montessori Drive

**City:** Brentwood

**State:** TN

**Zip:** 37027

I  have OR  have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):

Employee      Volunteer      Contractor/Vendor

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Zip: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**TO BE COMPLETED BY QUALIFIED ENTITY:**

Entity Name: **Montessori Academy**  
**100 Montessori Drive**  
**Brentwood, TN 37027**  
*p (615) 833-3610*  
*f(615) 833-3680*

**ORIGINAL MUST BE RETAINED BY QUALIFIED ENTITY**

**COPY MUST BE SUBMITTED TO TBI**



**APPLICATION FOR  
EMPLOYMENT  
REFERENCE FORM**

**To The Applicant:** Please complete the applicant section and direct this form to an individual listed on your application as a reference. Ask that the form be returned directly to Montessori Academy, Inc. via mail to 100 Montessori Drive, Brentwood, TN 37027 or via email to [asitter@montessoriacad.org](mailto:asitter@montessoriacad.org) .

Applicant's Full Name and Address: \_\_\_\_\_

Position Being Applied For: \_\_\_\_\_

Person Completing Reference Form: \_\_\_\_\_

Please respond to each of the areas for which you have knowledge. Give your candid opinion of the individual's qualification for the indicated position.

|  | Excellent | Above Average | Average | Below Average | Poor | No Knowledge |
|--|-----------|---------------|---------|---------------|------|--------------|
| Character                                    |           |               |         |               |      |              |
| Personality                                  |           |               |         |               |      |              |
| Enthusiasm for teaching                      |           |               |         |               |      |              |
| Dependability                                |           |               |         |               |      |              |
| Tact   |           |               |         |               |      |              |
| Initiative                                   |           |               |         |               |      |              |
| Oral Communication Skills                    |           |               |         |               |      |              |
| Written Communication Skills                 |           |               |         |               |      |              |
| Decision Making Skills                       |           |               |         |               |      |              |
| Promptness                                   |           |               |         |               |      |              |
| Interaction with students                    |           |               |         |               |      |              |
| Level of professional growth                 |           |               |         |               |      |              |
| Loyalty and co-operation                     |           |               |         |               |      |              |
| Management of instructional time             |           |               |         |               |      |              |
| Management of student behavior               |           |               |         |               |      |              |
| Willingness to accept constructive criticism |           |               |         |               |      |              |





APPLICATION FOR  
EMPLOYMENT  
REFERENCE FORM

How long and in what capacity have you known the applicant? \_\_\_\_\_

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

If it were your personal decision, would you recommend employment of the applicant for the position he/she is seeking?

No       Yes

*If no, please explain.* \_\_\_\_\_

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

Other comments: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name (Please Print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_