

# HIGH DESERT MONTESSORI SCHOOL

2590 Orovada Street  
 Reno, NV 89512  
 (775)624-2800



## Certified Administrator Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Other Names or Aliases You Have Used			
Street Address			Apt./Unit #
City	State	Zip	
Phone		E-mail Address	
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever worked for this company?		If so, when?	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever been convicted of a felony?		If yes, explain	
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
EDUCATION (Attach Supplemental Page if Necessary)			
Name of College (2nd Advanced Degree)		Location	
From	To	Did you graduate?	Degree
Name of College (1st Advanced Degree)		Location	
From	To	Did you graduate?	Degree
Name of Montessori Training Center or College		Location	
From	To	Did you graduate?	AMI or AMS
		Degree/Credential	
Name of College (Bachelors)		Location	
From	To	Did you graduate?	Degree
High School		Location	
From	To	Did you graduate?	Degree
LICENSES			
School Administrator License #		State of Licensure	Provisions?
If you do not currently hold a Nevada School Administrator License do you qualify to obtain one?		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
Teaching License #		State of Licensure	Provisions?
Driver License #		State of Licensure	Attached Clean Driving Record

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PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT)			
Total number of years school administration experience (include job titles)		Total number of years teaching	
School District		School	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous/current supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Phone
School District		School	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Phone
School District		School	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Phone
School District		School	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Phone
School District		School	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Phone
Have you listed ALL current and former employers who are education providers? If no, please provide further information in the "Additional Information" section on p. 5.			
			YES <input type="checkbox"/> NO <input type="checkbox"/>

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### PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

### ADDITIONAL EXPERIENCE OR QUALIFICATIONS

Prior Military Service

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Additional experience as a member of a governing board/or experience in a leadership position that is responsible to a governing board:

Please attach your evaluations from the last three years.	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please attach unofficial copies of higher education and or Montessori training transcripts.	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please attach evidence of effective communication skills with community, staff and parents.	Attached?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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*For the purposes of this application the following questions must be answered, information provided and authorizations granted. Your signature is required at the end of this application for your application to be complete.*

QUESTIONS	ANSWER YES/NO
1) Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct or alleged violation of professional standards of conduct or when you had reason to believe such investigation was imminent?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) Have you ever failed to complete a contract for educational services in any educational or school-related position for any alleged misconduct or alleged violation of professional standards of conduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4) Have you ever had a professional certificate, credential or license (of any kind) revoked or suspended or have you been placed on probationary status for any alleged misconduct or alleged violation of professional standards of conduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5) Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct or alleged violation of professional standards of conduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6) Have you ever surrendered a professional license of any kind before its expiration?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7) Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8) Have you ever been convicted or been granted conditional discharge by a court for any: (a) felony, (b) misdemeanor, or (c) major traffic violation, such as; driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9) Have you ever entered a plea of guilty or No Contest relative to any charge for an offense listed in the question 8 above?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10) Have you ever had any civil judgment or other court order entered against you resulting from abuse, assault, battery, harassment, intimidation, neglect, stalking or other threatening behavior toward other persons?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11) Have you EVER been the subject of a substantiated report of child abuse or sexual conduct (involving a K-12 student or minor child)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12) Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct (involving a K-12 student or minor child)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**If you answered "yes" to any questions, please explain in detail on separate sheet indicating corresponding question number. Note: Existence of a criminal record does not constitute an automatic bar to employment.**

CONSENTS AND AUTHORIZATIONS	ANSWER YES/NO
1) I hereby authorize all my current and former employers who are education providers to disclose the (a) dates of my employment; (b) whether I was the subject of any substantiated reports of child abuse or sexual conduct related to my employment; (c) the dates of any substantiated reports; (d) the definitions of child abuse and sexual conduct used by the education provider when the determination was made that any reports were substantiated; and (e) the definitions of child abuse and sexual conduct used by my education provider employer to determine whether any reports were substantiated.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) I hereby authorize my current or former education provider employers to release any disciplinary records of a crime for which I was convicted.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) I authorize my listed references, current and past employers and educational institutions, and anyone else who has information about my work history, education qualifications, or fitness to provide such information to High Desert Montessori School. I release High Desert Montessori School and all persons providing this information to High Desert Montessori School, from any liability whatsoever for obtaining and providing that information, regardless of the results.	YES <input type="checkbox"/> NO <input type="checkbox"/>
1) I acknowledge that should I be offered a contract for the position of Certified Administrator as a result of this application, the school may not enter an employment contract or agreement that: (a) Has the effect of suppressing information relating to an ongoing investigation related to a report of suspected child abuse or sexual conduct or relating to a substantiated report of child abuse or sexual conduct by a current or former employee; (b) Affects the duties of the education provider to report suspected child abuse or sexual conduct or to discipline a current or former employee for a substantiated report of child abuse or sexual conduct; (c) Impairs the ability of the education provider to discipline an employee for a substantiated report of child abuse or sexual conduct; or (d) Requires the education provider to expunge substantiated information about child abuse or sexual conduct from any documents maintained by an education provider.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) I acknowledge that finalists in this Certified Administrator search may be subject to criminal records check by High Desert Montessori School and a license review through the State of Nevada Department of Education or any other relevant state licensing agency related to my employment.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) I acknowledge that High Desert Montessori School may conduct an Internet search, reference checks, background investigations and confirmation of employment as a part of this application.	YES <input type="checkbox"/> NO <input type="checkbox"/>

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### ADDITIONAL INFORMATION (Optional)

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### DISCLAIMER AND SIGNATURE

I certify that to the best of my knowledge, all answers given by me are true, accurate and complete. I have answered all of the questions to the best of my ability and I have not knowingly withheld information that would negatively affect my application. (Please attach a brief explanation for any circumstances arising from the questions above which you believe might negatively affect your application including: criminal convictions, professional license discipline and pending investigations in any state). I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to offer equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

If hired, I agree to abide by all of the school rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the school or me.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied.

Signature a typed name in this field on the part of the applicant constitutes a valid signature)

Date

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