Indian Mountain School

Employment Application

Indian Mountain School is an equal opportunity employer and does not discriminate in any phase of employment or any terms and conditions of employment. Completion of this application does not constitute an offer of employment. The School is an at-will employer, meaning either the School or an employee can terminate the employment relationship at any time for any reason, with or without cause. By completing and signing this application, applicants authorize the School to investigate the veracity of any and all information herein and further release and indemnify the School from any and all liability associated with such investigation. As part of the hiring process, applicants who have been offered employment may be required to undergo a pre-employment physical examination, which may include drug testing. If the duties of a hired applicant will include driving students in school vehicles, the hiree may be subject to annual drug testing on a random basis, as required by state law.

In the event you are hired, this application will become part of your personnel file. Otherwise the application will be retained on file for a period of one year from the date of the employment decision. This application must be fully completed and signed for further consideration. Resumes may be included, but are not a substitute for completion of this form.

		A	oplica	nt Information		
Date:						
Full Name:						
	Last	Firs	st		M.I.	
Address:	Street Address				 Apartment/l	 Unit #
					γ	
	City				 State	ZIP Code
How long at	t this address?					
PREVIOUS	ADDRESS					
		Street		City	State	Zip
How long at	t this address?					
	ADDRESSES LAST 5 YEARS)					
	additional sheets	Street		City	State	Zip
EMPLOYM	ENT DESIRED					
POSITION:		_ Date you can	start:_	s	alary expectation: _	
	ployed now? YES _		ay we		nt employer? Y	
Are you 18	years of age or older?	YES	NO			
Are you lega	ally authorized to work in th	e YES	NO			
Have you e	ver been certified to teach i	n YES	NO	If ves. where?		

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Have you ever worked for the School?	YES NO	If yes, when	and wh	y did your	employment end	?	_
Have you ever applied to the School before?	YES NO	If yes, when?	·				
Are you currently subject to a non-compete, non-solicitation, employment agreement or any other obligation with a party that could restrict, in any way, your ability to work for the School or your ability to perform the job for which you are applying for?	YES NO	f yes, please p	orovide	documenta	ation with your a	oplication	
Referral Source:School Website	School Emp	loyee	Oth	er :		_	
	Ed	ucation					
High School:	Address	:					
How many years did you attend:	Did you graduate	YES		Degree:			
College:	Address	s:					
How many years did you attend:	Did you graduate	? YES	NO	Degree:			
Other:	Address	S:					
How many years did you attend:	Did you graduate	? <u>YES</u>	NO	Degree:			
Please provide the name of three persons not		ierences whom you ha	ve kno	wn for at le	ast one year.		
Full Name:		Relationship	:				
Company:				Phone:			
Address:							
Full Name:		Relationship	:			-	
Company:				Phone:			
Address:							

Full Name:	Relationship	o:		
		Phone:		
Address:				
or volunteer employment, that inv	Previous Employme ost recent employer. Applicants mus olved contact with children. Do not or are submitting a resume. Please use a	t include a full en mit periods of em	oloyme	nt. You must complete t
Employer:		Phone:		
Address:		Supervisor:		
Job Title:	Salary:	-		
Responsibilities:				
Did this position involve contact with	children?	YES 🗌	NO	
From: To: _	Reason for Leaving:			
Employer:		Phone:		
Address:		Supervisor:		
Job Title:	Salary:	-		
Responsibilities:				
Did this position involve contact with	children?	YES 🗌	NO	
From: To: _	Reason for Leaving:			
Employer:		Phone:		
Job Title:		·		
		-		
Did this position involve contact with	children?	YES 🗌	NO	
From: To: _	Reason for Leaving:			
Employer:		Phone:		
Address:		Supervisor:		
Job Title:	Salary:			
Responsibilities:				

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No
ing council of a state aid or volunteer
employer, state ions were es on an additional
separated from any artment of Children igation or due to an acconduct or a use provide specific
ave you ever der investigation by ct was pending or es (or its equivalent) uct? Yes on an additional
Yes No involuntary
lease use an
involur

Certification, Consent and Release

Please initial and sign below

I certify that I have completed this application (including attachments) and that my answers are trucomplete, to the best of my knowledge. I understand and agree that providing false or misleading significant omissions will disqualify me from further consideration for employment and will be caus termination if discovered at a later date. Further, I understand and agree that employment with the definite period and may be terminated at any time without prior notice, with or without cause.	information or e for my immediate
In connection with my application for employment, I authorize and consent to the School investigal contained in this application for employment including information from my past and current employet attended. I expressly give my consent and authorize past and current employers, law enforcement governmental agencies, references, and academic institutions to provide any information regarding suitability for employment at the School. This includes, my job performance, appraisals/evaluation disciplinary action(s) if any, and all other matters pertaining to my employment history and academic	oyers and schools nt agencies, g my background and ns, wage history,
	Initial
I further consent to the disclosure of any and all information about me contained in private and go to this application for employment or relating to my present and former employment history, and I employers and federal, state and local governmental and law enforcement agencies to supply suc School. The School is also authorized to make any investigation of my personal history, driving his registry, criminal and civil court history, and financial and credit record through any investigative of bureaus of its choice.	request all former ch information to the istory, sexual offender
I voluntarily and knowingly release all former and current employers, law enforcement agencies, g references, academic institutions and the School from any and all liability arising from their giving about my employment history, my academic credentials or qualifications, and my suitability for em School. I waive all rights to bring any action for defamation, invasion of privacy, or similar causes School, any individual, law enforcement, governmental, or business entity providing or seeking su	or receiving information ployment with the of action against the
	Initial
I understand that upon receiving a conditional offer of hire from the School, I will be required to an submit to an extensive background check, including, but not limited to, a check of the Departmen Families abuse and neglect registry, a state and national criminal history records check, and the Copf Education records. Such background check also may include a credit check if applicable to the particular to the particular department. I understant the position of my employment. I understant background checks referenced herein are a condition of my employment.	t of Children and Connecticut Department position and possibly a
	Initial
I authorize the School, its agents, and employees to provide my employment record or information course of the investigation of me in connection with my application for employment at the School, any prospective employer, governmental agency, or other party with a proper and appropriate interest knowingly release the School, its agents, and employees from any and all liability arising from the information to any prospective employer, governmental agency, or other party with a proper and a waive all rights to bring any action for defamation, invasion of privacy, or similar causes of action a individual, law enforcement, governmental, or business entity providing or seeking such information.	in whole, or in part, to erest. I voluntarily and ir providing such appropriate interest and against the School, any
	Initial
Please sign below only if you understand all the terms and conditions outlined in this application.	
Applicant	
Signature: Date:	