



MONTESSORI ELEMENTARY
HIGHLAND PARK

Applicant Waiver of Expenses for Background Check

I am applying for employment with Montessori Elementary at Highland Park.

By signing this waiver, I am agreeing to:

- pay for the background check without any expectation or claim for reimbursement from Montessori Elementary at Highland Park, regardless of the outcome of the results of the background check and employment.

Applicant

Date

**MONTESSORI ELEMENTARY AT HIGHLAND PARK
PERSONAL DATA FORM**

EFFECTIVE DATE _____

New

Update

PERSONAL DATA

Personnel # _____ (Personnel # required on all changes/separations)

Form of Address: Mr. Mrs. Miss Ms. Dr.

Last Name _____

First Name _____ Middle Name _____

Known as _____ Soc. Security # _____

Birth date _____ (mm/dd/yyyy) Gender Male Female

Nationality _____ Marital Status Single Married

Name Change Previous Name _____

PERMANENT RESIDENCE

C/O _____

Street _____

County _____

City _____ State _____ Zip _____

Home Telephone _____ Please include Area Code
Cell Phone _____ Please include Area Code

Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

OFFICE ADDRESS

Building Name _____ Building No. _____

Street Address _____ Room No. _____

City _____ County _____

State _____ Zip _____ Mail Stop _____

Telephone _____ Please include Area Code
Fax _____ Please include Area Code

Phone Release Complete Information No Address No Phone/Address
 No Phone Number No Public Listing

EMERGENCY CONTACT

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (Please include Area Code)

RESIDENCE STATUS (I-9)

U.S. Citizen
 Permanent Resident
 Non-resident Alien

I-9 Date _____

IMMIGRATION STATUS *Supporting Documentation Required*

Country of Citizenship _____

Visa Type _____

Visa Expires _____

Original Date of Arrival to United States _____

EMPLOYEE NAME _____

PERSONNEL NUMBER _____

ADDITIONAL PERSONAL DATA

Ethnicity (check one of these options) Hispanic/Latino Not Hispanic/Latino

Race Category (Check all that apply. NOTE: More than one box may be checked.)

American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Veteran Status (Check all that apply. NOTE: If a Recently Separated Vet, the discharge date is required.)

Special Disabled Veteran Vietnam Era Veteran Other Protected Veteran
 Recently Separated Vet Armed Forces Service Medal Veteran Disabled Veteran
 Non-veteran Discharge Date _____ (Required for Recently Separated Vet)

Currently receiving retirement benefits from the State of Tennessee or from a federal retirement plan?

Yes No If yes, what agency? _____

Retired from TDOE/HCDE? Yes No

If yes, list department, address, and date(s) of employment.

Are you now, or have you even been, employed by Tennessee Board of Regents, the State of Tennessee or a federal agency? Yes No

If yes, complete below:

Agency or Department	Full-time Part-time	Address	Dates	Employed under a different name

EDUCATION

Educational Level _____ Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (additional degrees, if any)

Educational Level _____ Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

EDUCATION (additional degrees, if any)

Educational Level _____ Field of Study _____

Name/Location of Institution _____ State _____

Type of Degree or Certificate _____ Year Degree Granted _____

Employee Signature _____

Date _____

**Montessori Elementary at
Highland Park
Volunteer Waiver Liability Form**

Name _____ Date _____
Last First Middle
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip _____
Email Address _____ DOB _____

Name of Emergency Contact Person

Relationship to Volunteer

Emergency Contact Address & Phone Number

Agreement:

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize MEHP to make such inquiries into my background as may be necessary for volunteer or intern placement. In connection with my activities as a volunteer or intern I agree to hold confidential all information to which I may have access. Disclosure of such information to unauthorized persons is prohibited and may result in my dismissal from the volunteer program and may have additional legal consequences.

I am aware that MEHP does not provide insurance coverage for volunteers or interns if personally injured or if damage occurs to personal property while acting as a volunteer. I further understand that I will not receive pay for volunteering or internship and am not entitled to worker's compensation benefits, health insurance benefits, or any other benefits available to employees of MEHP. I agree that I will not hold MEHP, its officers or agents thereof liable for any injury sustained to person or property while acting in a volunteer capacity.

Signature of Volunteer

Date

**Montessori Elementary at Highland Park
Volunteer Release of Liability and Waiver Claim**

I, _____, understand that:
(print name of volunteer)

I hereby certify that participation in this MEHP program is entirely voluntarily and I am aware of, have discussed, and assume/accept all risks associated with and inherent in the program activities.

I understand that I may be exposed to or receive an injury participating in this volunteer/internship program. I am responsible for all costs associated with any exposure or injury incurred and MEHP is in no way responsible for these expenses.

As an authorized volunteer or unpaid intern, I understand that I will be acting on behalf of MEHP and I will conduct my activities accordingly. I have read and agree to the terms and conditions of my volunteer activities outlined in the policy, and further understand that for my personal safety, I must follow all applicable MEHP school policies and procedures and the directions of the faculty member or MEHP employee overseeing my activities.

Signature of Volunteer

Date

Thank you for your interest!

Please return completed application/waiver form to the HR Manager. Sponsoring Manager to maintain a copy.



MONTESSORI ELEMENTARY HIGHLAND PARK

SEXUAL ABUSE AND MOLESTATION PREVENTION POLICY

Montessori Elementary at Highland Park does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this "zero-tolerance" policy clear to all employees, volunteers and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals and victims must follow when they learn of or witness sexual abuse or molestation. Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the student's care.

Sexual abuse includes sexual assault, exploitation, molestation, or injury. It does not include sexual harassment, which is another form of behavior which is prohibited by Montessori Elementary at Highland Park.

Reporting Procedure

All staff members who learn of sexual abuse being committed must immediately report it to the school counselor, who has been designated as responsible for receiving and initiating an investigation. If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

If the victim is an adult, the abuse will be reported by this designee to the local or state Adult Protective Services (APS) Agency. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

Investigation & Follow Up

We take allegations of sexual abuse seriously. Once the allegation is reported we will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies.



MONTESSORI ELEMENTARY

HIGHLAND PARK

We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential. If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor's relationship with our organization.

There are a number of “red flags” that suggest someone is being sexually abused. They take the form of physical or behavioral evidence.

Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases (STDs)
- Difficulty walking or ambulating normally
- Stained, bloody or torn undergarments
- Genital pain or itching, and
- Physical injuries involving the external genitalia

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- fear or reluctance about being left in the care of a particular person
- recoiling from being touched
- bundling oneself in excessive clothing, especially night clothes
- discomfort or apprehension when sex is referred to or discussed; and
- nightmares or fear of night and/or darkness

Retaliation Prohibited

We prohibit any retaliation against anyone, including an employee, volunteer, board member, student, or individual, who in good faith reports sexual abuse, alleges if it is being committed or participates in the investigation. Intentional false or malicious accusations of sexual abuse are prohibited. Anyone who improperly retaliates against someone who has made a good faith allegations of sexual abuse, or intentionally provides false information to the effect, will be subject to discipline, up to and including termination.

**DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION
REGARDING BACKGROUND INVESTIGATION**

Montessori Elementary at Highland Park may obtain information about you from a third party consumer reporting agency for employment purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history*, verification of your education or employment history, drug screening or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation conducted by IdentoGo.

The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your contract period to the extent permitted by law.

MEHP will determine whether a criminal background check contains any conflicting and/or potentially disqualifying information. A similar process is followed for individuals who undergo background checks for volunteer assignments, internships, and other such roles. If the MEHP determines that a criminal background check does not contain information that would disqualify the final candidate's employment, the hiring process may proceed and the final candidate will be cleared.

If the MEHP determines that there is any conflicting and/or potentially disqualifying information the MEHP will send the final candidate a Pre-Adverse Action Notice.

If after an individualized assessment the MEHP determines that the final candidate is disqualified for the position they applied for solely or in part because of their criminal history found in their criminal background check report, then the final candidate is not cleared and is sent an Adverse Action Notice.

AUTHORIZATION

By my signature below, I expressly authorize and instruct the background check vendor to perform and release to MEHP a Background Check Report on me, and further authorize all entities having information necessary to complete a consumer report and/or investigative consumer report on me to release such information to the background check vendor, including: present and former employers; personal references; criminal justice agencies; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; departments of motor vehicles and motor vehicle records agencies; schools and learning institutions; licensing agencies; and credit bureaus and credit reporting agencies.

By signing below, I acknowledge the information that can be disclosed to the consumer reporting agency, if and only as allowed by law, includes information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, and professional credentials and licenses.

By signing below, I acknowledge and agree that this Disclosure and Authorization shall remain valid and in effect during the term of my contract and/or employment, subject to applicable laws, and authorize MEHP to obtain a Background Check Report on me during the hiring process as well as at any time during the term of my employment and/or contract, where permitted by law.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____/_____/_____



MONTESSORI ELEMENTARY **HIGHLAND PARK**

ACKNOWLEDGMENT OF RECEIPT OF SEXUAL ABUSE POLICY

I, _____, acknowledge I have received and read the sexual abuse policy immediately preceding my signature below. I understand I am bound to follow the policy and understand the consequences for failure to adhere to stated policy.

Dated: _____

Printed Name of Employee/Volunteer

Copy to:

HR
Employee File