



SCHOOL OF LEGACY BY MONTESSORI EMPLOYMENT APPLICATION

Applying for the school Year: _____		Application Date: _____
Last Name:	First Name:	Middle Name:
Mailing Address:	City	State
DOB:	Ss#:	Are you legally able to work in the U.S.A?
Home Phone #:	Cell or other Phone #:	Email Address:
Are You Employed now?	If so may we contact your present employer?	Valid DL#:

EDUCATION

	School /Location	Years Attended	Date Graduated	Degree	Major (s)
High School					
College					
Montessori Education Training					

Extra-Curricular activities in High School or College:

Are you planning to further your education? NO YES, When? _____

Please list below any course work taken or currently enrolled in which you feel is especially relevant to the position for which you are applying. Include courses in child development, in specific curriculum areas (e.g., art, music) and courses in educational theory or philosophy.

Institute:	Training:	Years attended:	Date Graduated:

Signature of Applicant: _____ Date: _____

Applicant Name: _____

EMPLOYMENT HISTORY

List your work experience, beginning with your present or last job in reverse order. If you need more space, please use a separate sheet of paper.

Employer:

Address: _____ Phone: _____

Position Held: _____ Dates Employed: _____ Supervisor: _____

Description of Work: _____

Hourly Rate/Salary: _____

Reason For Leaving: _____

Employer:

Address: _____ Phone: _____

Position Held: _____ Dates Employed: _____ Supervisor: _____

Description of Work: _____

Hourly Rate/Salary: _____

Reason For Leaving: _____

Employer:

Address: _____ Phone: _____

Position Held: _____ Dates Employed: _____ Supervisor: _____

Description of Work: _____

Hourly Rate/Salary: _____

Reason For Leaving: _____

Have you signed a non-compete agreement or employment contract in the past year or so? () Yes () No. If yes, explain: _____

CHILD CARE EXPERIENCE

Are you CPR/First Aid Certified? **YES NO** If yes, when will certification expire? _____

If no, are you willing to take a CPR/First Aid class? **YES NO**

Have you been a childcare center employee, or any other child caretaker before? **YES NO**

If yes, please explain and include who you worked for, how many children and their ages, the length of time you worked there. (attach additional sheet if necessary)

Signature of the Applicant _____ Date: _____

Applicant Name: _____

EMPLOYMENT DESIRED

Administration _____ Intern _____ Lead Teacher _____ Assistant _____ Special Instructor _____ Volunteer _____ Other _____

Shifts you prefer to work: () Morning () afternoon () Full time

Do you plan to work another job: If yes, what hours?	Are you interested in pursuing Montessori Teaching certificate?
--	---

Date you can start:	Salary Range Expected:
---------------------	------------------------

It is mandatory for all childcare givers to complete 45 hrs or continuing education in topics specified by DCF. It is the employee's responsibility to complete such training: Are you willing to complete required training hours and submit to the director on time: () Yes () No. If no, explain _____

Have you ever applied to this school before?	When?	Have you ever worked for this school before?	When?
--	-------	--	-------

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) which might, in any way, interfere with your ability to work full time, in the position for which you are applying?

Can you commit to work until the completion of the school year you are applying to work for: () Yes () No. If no, explain

If you are selected for any of the positions indicated above, could you commit to work for:
 _____ Academic year (Aug - May) _____ Summer Session (8 weeks) _____ Year-round

REFERENCES

Below give the names of three persons you are not related to and not previous employers, whom you have known at least one year. *These people may be contacted by WMA

Name	Address	Phone	Relationship

PERSONAL DATA

Have you ever been Disciplined/Terminated for; or accused of any form of misconduct with a child or children or child abuse? **YES**___ **NO**___ If yes, please give dates(s) and explain.

Been Convicted of a felony or Misdemeanor? YES ___ NO ___	Been Arrested? YES ___ NO ___
---	---

Ben on any medication for depression? YES ___ NO ___	Used illegal drugs in the last year? YES ___ NO ___
--	---

If YES to any of the above, please explain:

Signature of the Applicant

Date

Applicants Name: _____

Why do you want to work in child care?

What is your philosophy of childhood education?

How would you go about working with a child with special needs?

Do you prefer a team relationship with your co-worker, or would you rather have one person in charge?

What is your philosophy of behavior guidance?

Please feel free to add any other comments:

I give School of Legacy by Montessori the right to investigate all work history/personal references. Furthermore, I give School of Legacy by Montessori the right to verify any educational references given in application. I hereby release from liability School of Legacy by Montessori and its representatives for seeking such information and all other corporations, educational institutions, individuals or organizations for furnishing such information. _____ **Initial Here**

I give School of Legacy by Montessori the right to complete my background check and agree to submit my FBI Fingerprint check. I understand that School of Legacy by Montessori reserves the right to hire me based on the results of such check. I hereby release from liability School of Legacy by Montessori and its representatives for seeking such information and all other organizations for furnishing such information. _____ **Initial Here**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed. _____ **Initial Here**

In the event of my employment by School of Legacy by Montessori, I agree to abide by all present and subsequently issued rules, policies and programs of School of Legacy by Montessori. _____ **Initial Here**

I understand that School of Legacy by Montessori reserves the right to terminate my employment at any time, with or without cause, and without prior notice. _____ **Initial Here**

***Please fill attached Criminal Background check form

Signature of Applicant _____ Date _____