

Dulles Montessori School
A Montessori Children's House

APPLICATION FOR EMPLOYMENT

Dulles Montessori School is an equal opportunity employer and always employs qualified individuals based upon job related qualifications, regardless of race, religion, color, sex, national origin, age, disability, or any other classification prescribed under federal, state or local law.

Position Applied For: _____ Date Available: _____

Full or Part Time: _____ Desired Salary: _____

PERSONAL:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

SOCIAL SECURITY # _____

In case of an emergency, please notify:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Are you 18 years or older? YES _____ NO _____

Will you be able to provide verification of your legal right to work in the United States? YES _____ NO _____

Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint related to abuse, neglect or violation of children or adults? YES _____ NO _____

If yes, please explain:

Employment requires Criminal Background Clearances.

Is this acceptable to you? YES _____ NO _____

Do you have any medical condition(s) which may interfere with fulfilling the responsibilities of the position for which you are applying? YES _____ NO _____

If yes, please explain:

Have you ever worked at another Montessori School? YES _____ NO _____

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EDUCATION:

Name and location of high school _____

Highest Grade Completed _____ Date of graduation or GED _____

Name and location of College/ University:

Dates attended: _____ Number of years completed: _____

Degree(s) earned:

List Courses in Development /Care of Children and Number of Credits Earned (or attach transcript)

WORK EXPERIENCE:

Job Title: _____ Duties: _____

Employer: _____ Hours per week: _____

Address: _____

Supervisor: _____ Phone # _____ May we contact? _____

Hours/week: _____ Reason for leaving: _____

Job Title: _____ Duties: _____

Employer: _____ Hours per week: _____

Address: _____

Supervisor: _____ Phone # _____ May we contact? _____

Hours/week: _____ Reason for leaving: _____

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Job Title: _____ Duties: _____

Employer: _____ Hours per week: _____

Address: _____

Supervisor: _____ Phone # _____ May we contact? _____

Hours/week: _____ Reason for leaving: _____

Use this space to describe any additional experience relating to group care of children (for example; volunteer work, student internships etc). State number of weeks and/or hours spent at each experience, including preparation time. Indicate ages of children in each group (Please use a separate sheet if needed).

REFERENCES:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

DISCLOSURE: Before driving a vehicle to transport children, I realize that I am required to disclose any moving traffic violation that occurred five years prior to or during employment or assignment as a driver.

SIGNATURE

DATE

CERTIFICATE OF INFORMATION

I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquire of the information provided herein, and other matters related thereto as may be necessary. I hereby release employers, schools and other persons, institutions or businesses from all liability in responding to enquire in connection with my application. I understand that false and misleading information given in my application or during interviews may result in a refusal to hire, or discharge in the event of employment. I understand that you shall be required to provide documentation establishing legal authorization for employment prior to commencing work. The Employer is an Equal Opportunity Employer, and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all local, state and federal laws.

SIGNATURE

DATE