

PRESCHOOL TEACHER / TEACHER ASSISTANT APPLICATION

Application Date: ____/____/____

Date Available: ____/____/____

PERSONAL INFORMATION

Full Name _____ Birthday: Month _____ Day _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Soc. Sec. # _____

Phones: Daytime _____ Evening _____ Cell _____

Best time to call _____ I would also be available to Substitute: Yes No

How long have you lived at the above address? _____

Additional addresses where you have resided at any time during the past two years:

Address _____ City _____ State _____ # years _____

Address _____ City _____ State _____ # years _____

Optional Information: Marital Status _____ Spouse's Name _____

Children's Names and Ages _____

POSITION DESIRED

Full time Part time

Days and Hours Available _____

Position Applying For _____

How did you learn about the position for which you are applying? _____

Desired Yearly Salary _____ OR Desired hourly Pay _____

Are you currently registered with the Family Care Safety Registry? Yes No

Do you carry a current First Aid, CPR, and AED Training certification? Yes No Exp. Date _____

EDUCATION

College Major _____ Minor _____

School	Name & Location of School	Dates Attended	# of years	Date of Graduation	Degree / Diploma
Graduate School					
College					
High School					
Early Education Classes					

Do you speak any other languages other than English? Please list below:

MONTESSORI SCHOOL

Bilingual Education

EMPLOYMENT

(Provide accurate, complete employment record. Start with present or most recent employer)

1	Employer Name	Telephone	Employed Dates	
	Address		From	To
	Name of Supervisor	Reason for Leaving		
	State job title and describe your work			

2	Employer Name	Telephone	Employed Dates	
	Address		From	To
	Name of Supervisor	Reason for Leaving		
	State job title and describe your work			

3	Employer Name	Telephone	Employed Dates	
	Address		From	To
	Name of Supervisor	Reason for Leaving		
	State job title and describe your work			

Permission	Administration may contact the employers listed above unless indicated below.			
	DO NOT CONTACT:			
	1. Employer Name _____	Reason _____		
2. Employer Name _____	Reason _____			

Signature	I verify that I have read this application and declare that my answers are true and complete.			
	Printed Name _____	Date _____		
	Signature _____			

Growing Hearts Montessori does not unlawfully discriminate on the basis of race, color, gender, nationality, ethnic origin, marital status, age, military status, or disability in the admission of students or the hiring of employees. Growing Hearts Montessori is an Equal Opportunity Employer (EOE).

CONFIDENTIAL PERSONAL INFORMATION

This application is to be completed by all applicants for any position (volunteer or compensated) at Growing Hearts Montessori. It is used to help provide a safe and secure environment for those children and youth who participate in our programs and our facilities.

PERSONAL INFORMATION

Full Name _____ Birthday: Month _____ Day _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Soc. Sec. # _____

Phones: Daytime _____ Evening _____ Cell _____

1. Have you ever been investigated for, accused, suspected, indicted, or convicted of any crime involving child abuse, child sexual abuse, attempted sexual abuse of a minor, or any other crime involving children? Yes No

If yes, please explain _____

2. As an adult, have you ever abused or molested a minor in any way, regardless of whether there was any criminal investigation or conviction? Yes No

If yes, please explain _____

3. Have you ever been convicted of a D.U.I. offense? Yes No

If yes, describe all convictions in the past five years _____

4. Has your driver's license ever been revoked or suspended? Yes No

If yes, describe all occurrences in the past five years _____

5. Have you ever been convicted of felony? Yes No

If yes, please explain detail. Use a separate sheet of paper if necessary _____

I acknowledge that the answers to the above statements are true and complete. If necessary, I authorize *Growing Hearts Montessori* to further investigate references, work records, evaluations, education or any other matters related to my suitability for employment. Furthermore, I authorize any references or former employers to disclose to the school any and all employment records, performance reviews, letter, reports and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release *Growing Hearts Montessori*, my former employers, references and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to personally view any references given to *Growing Hearts Montessori*.

Signature

Printed Name _____ Date _____

Signature _____ Soc Sec # _____

Bilingual Education