

MONTESSORI CHILDREN'S HOUSE OF DURHAM

APPLICATION FOR EMPLOYMENT

Montessori Children's House of Durham does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Montessori Children's House of Durham intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) days. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

First Name (Please write on the line above.)	Middle Name	Last Name	
Address	City	State	Zip
Telephone Number(s)			
Email address			
Best way to contact you (email, phone, etc.) If by phone, please include best times to reach you.			

Position(s) Applied For _____

Work Experience

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Job Title (Please write on the line above.)		
Employer	Address	
Please briefly describe work performed		
Supervisor	May we contact this Supervisor? (Y/N)	
Telephone Number(s)	Reason for Leaving	
Dates Employed (From-To)	Hourly Rate or Salary (Starting)	Hourly Rate or Salary (Final)

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Please explain any gaps in employment:

Professional References: Please do not include relatives.

Reference 1 Name (Please write on the line above.)	Occupation	Relationship
Reference 2 Name (Please write on the line above.)	Occupation	Relationship
Phone Number(s)	Email Address	
Reference 3 Name (Please write on the line above.)	Occupation	Relationship

Education

High School Name (Use line above.)	Address	Course of Study	Years Completed	Diploma/Degree
Undergraduate College	Address	Course of Study	Years Completed	Diploma/Degree
Graduate College	Address	Course of Study	Years Completed	Diploma/Degree
Other Education	Address	Course of Study	Years Completed	Diploma/Degree

Describe any specialized training , apprenticeship, skills, and extra-curricular activities.

Specialized Skills

Music Drama Foreign Language: _____ Art Dance/Movement

Other:: _____

Other qualifications

Are you planning to continue your education? Yes No **If yes, please describe:**

Teaching Style Profile: In order to learn more about each applicant's personal teaching style, we have developed the questions below. Please give examples as appropriate.

What do you consider your personal strengths in working with children?

Name the elements of a classroom that you would consider most important in helping children develop positive approaches to learning. Consider such things as the physical environment, incentives (or lack of), teacher-child relationship, language, etc.

What do you think is the most effective method of discipline for children who are not following classroom rules? Consider occasional and chronic behaviors.

What do you like most about teaching? What do you like least?

When you consider working for a school, what do you think is most important for supporting your work, in the following areas:

Classroom environment (resources, classroom size, number of children, etc.)

School community (expectations for involvement & participation)

Workplace/peers (coworker relationships)

Please share with us any comments you have about why you feel you are a strong candidate for a teaching position at our school.

Please Circle

Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Have you ever filed an application with us before? If yes, give date: _____

Yes No Have you ever been employed with us before? If yes, give date: _____

Yes No Do any of your friends or relatives work here?
If yes, state name and relationship: _____

Yes No Are you currently employed?

Yes No May we contact your present employer?

Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No Are you currently on "lay-off" status and subject to recall?

Starting date available for work: _____

Are you available to work:

Full Time Part Time (Please circle: Morning, Afternoon, Evening) Temporary

If temporary, please indicate dates available: _____

Yes No Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions.

If yes, explain: _____

(A "yes" answer to this question does not necessarily preclude consideration for employment)

Note to Applicants: Do not answer this question unless you have been informed about the requirements for the job to which you are applying.

Are you capable of performing in a reasonable manner, with out without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

___ Yes ___ No

How did you hear about this position?

Advertisement (where?) _____ American Montessori Society Website

Word of Mouth (who?) _____

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including, but not limited to, a criminal background check. I authorize obtaining and giving confidential references regarding my employment at MCHD.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Mail to: MCHD, 2800 Pickett Road, Durham, NC 27705