



EMPLOYMENT APPLICATION

Thank you for considering employment with Canton Montessori School. This application is part of a total evaluation process and is not a guarantee of employment. Please answer all questions completely and accurately. All statements are subject to verification. **Please include contact information for three (3) references when submitting this application.**

I. PERSONAL INFORMATION (Please print)

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Telephone Number _____ Cell _____

E-mail Address _____ Date available for employment _____

Are you legally eligible for employment in the United States? Yes No

II. POSITION(S) OF INTEREST

Please check all positions for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Infants (6 weeks – 18 months)
<input type="checkbox"/> Toddler (18 months – 3 years)
<input type="checkbox"/> Pre-Primary (3 – 6 years, inc. Kindergarten)
<input type="checkbox"/> Elementary (1 st – 6 th grade)
<input type="checkbox"/> Office Staff | <input type="checkbox"/> Substitute
<input type="checkbox"/> Administration
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Other (please explain): _____
_____ |
|---|---|

III. EDUCATION

College/University	City, State	Dates	Major	Diploma/Degree or Certificate
High School	City, State	Graduation Date		

Honors/Achievements/Professional Associations: _____

IV. CERTIFICATION AND SPECIALIZATION

Please check all that apply.

Montessori Certification:

- | | |
|--|-----------------------|
| <input type="checkbox"/> Infant/Toddler | Date Completed: _____ |
| <input type="checkbox"/> Early Childhood (3-6) | Date Completed: _____ |
| <input type="checkbox"/> Lower Elementary (6-9) | Date Completed: _____ |
| <input type="checkbox"/> Upper Elementary (9-12) | Date Completed: _____ |

Teaching Certificate:

What state? _____ Year Issued: _____

- Level(s):
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> All-level |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Other: _____ |

Specializations:

- | | |
|---|---|
| <input type="checkbox"/> Speak a foreign language | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Music | <input type="checkbox"/> Learning Disabilities Training |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Other: _____ |

V. PROFESSIONAL/TEACHING EXPERIENCE

List teaching or other professional experience beginning with most recent or attach your resume. Use an additional sheet of paper as needed.

Dates of Employment	Name & Address of Employer	Position	Supervisor	Phone	Reason for Leaving

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by Canton Montessori School. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the organization or myself.

Signature _____ Date _____