

MONTESSORI COUNTRY SCHOOL

P.O. Box 272, Herndon, VA 20172-0272, 703-437-8285



APPLICATION FOR EMPLOYMENT

Full Name _____ Birth Date _____ **M / F**
(Circle)
Street Address _____ City, State, Zip _____
Social Security # _____ Cell Phone # _____ Alt Phone # _____
Desired Position _____ Desired Start Date _____ Desired Salary _____

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non job-related medical condition or disability, or any other legally protected status. We are compliant with all EEO and ADA laws and regulations.

- How did you learn about Montessori Country School (MCS)? _____
 Advertisement **Where?** _____ Friend/Relative **Who?** _____
 Other _____
- Have you filed an application with us before? **YES** **NO** If yes when? _____
- Have you been employed with us before? **YES** **NO** If yes when? _____
- Are you legally eligible to be employed in the US? **YES** **NO**

(Proof of immigration status/citizenship will be required upon offer of employment.)

- Before an individual may be offered a teaching position with MCS, he/she must spend a portion of a day in the classroom demonstrating skills required for the position. Would this be a problem? **YES** **NO**
- Virginia State Licensing requires MCS to complete background checks & fingerprinting prior to employment. Have you ever been convicted of a misdemeanor or felony? **YES** **NO**
- Virginia State Licensing requires MCS to have at least two written professional reference checks on file. Please indicate below:

Are you currently employed? **YES** **NO** If so, may we inquire with your present employer? **YES** **NO**

EDUCATION

HIGH SCHOOL EDUCATION:

School _____ Location _____ Years completed **9 10 11 12**

ASSOCIATES OR UNDERGRADUATE DEGREE:

School _____ Location _____ Years completed **1 2 3 4**

School _____ Location _____ Years completed **1 2 3 4**

Degree Earned _____

GRADUATE WORK:

School _____ Location _____ Degree Earned _____

School _____ Location _____ Degree Earned _____

CERTIFICATIONS:

First Aid **YES** **NO** Expiration Date _____

CPR **YES** **NO** Expiration Date _____

MAT/eMAT (circle one) **YES** **NO** Expiration Date _____

Other certifications _____ Foreign Language? _____

Please attach a copy of your highest degree of academic achievement and certifications as appropriate.

SPECIAL SKILLS & OTHER ACTIVITIES: (Special study or research; civic, athletic, or fraternal activities, etc.)

EMPLOYMENT

Employer _____ From _____ To _____
Job Title _____ Hourly Rate/Annual Salary _____
Name of Last Supervisor _____
Reason for Leaving _____

Employer _____ From _____ To _____
Job Title _____ Hourly Rate/Annual Salary _____
Name of Last Supervisor _____
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Employer _____ From _____ To _____
Job Title _____ Hourly Rate/Annual Salary _____
Name of Last Supervisor _____
Reason for Leaving _____

I certify that all of the facts and information listed on this application are true and complete. I understand that any false, incomplete or misleading information given by me on this application may result in rejection of this application. Even after I am employed, any false information may lead to my immediate dismissal.

I hereby authorize Montessori Country School (MCS) to contact any references or other public sources to obtain personal background information regarding my suitability for employment at MCS.

I hereby release and forever discharge Montessori Country School, its agents and its employees, from any and all liability incurred by virtue of conducting a review of my personal background and employment history.

I understand that neither the policies, rules, and regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment agreement. Only the execution of a written document between Montessori Country School and the applicant constitutes a legal offer of employment. If hired, I understand that I am required to abide by all rules and regulations of the employer.

I agree to submit a sworn disclosure form, criminal record check including fingerprinting, results of a TB test and certificate of First Aid training prior to employment.

I have read and agree to the foregoing.

Applicant's Signature

Date