

# Charlotte Montessori School Employment Application

## EQUAL OPPORTUNITY EMPLOYER:

Charlotte Montessori School is an equal opportunity employer. In all our employment practices including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law.

## CERTIFICATION OF FITNESS TO WORK IN EARLY CHILDHOOD EDUCATION:

Charlotte Montessori School is committed to stringently following all applicable laws as set forth by the NC Division of Child Development and Department of Human Resources. As such, you must certify to the following:

- Other than minor traffic violations such as speeding tickets, I do not have a criminal record.
- I have never abused or neglected a child intentionally or negligently.
- I am not currently suffering from any mental or physical limitation which would prohibit me from successfully performing any assigned duties in the job for which I am applying.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DRUG & SMOKING POLICY:

Charlotte Montessori School prohibits the use of tobacco in all forms while on our property. This includes the buildings, playgrounds and parking lots. Charlotte Montessori School does not hire people who use illegal drugs. All employees may be required to take, successfully test negative, a screening test for illegal drugs. These tests may be given without warning.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PERSONAL INFORMATION:

Please print

Last Name	First Name		Middle Name
Street Address	City	State	Zip Code
Home Telephone	Cell phone		Email
Over the age of 18?	NC Driver's license		

What is the best time to contact you? \_\_\_\_\_

When are you available for employment? \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If teaching position, classroom age preference \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

Are you, or have you been, known by another name? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

<b>EDUCATION:</b>				
<b>Schools</b>	<b>Name &amp; Location</b>	<b>Dates Attended</b>	<b>Course of Study</b>	<b>Degree / Diploma</b>
High School		To		
Community College or College or University		To		
		To		
		To		
Graduate or Professional		To		
		To		
Education, Vocational Schools, etc.		To		
		To		

Please list any child care training you have completed in the last three years (such as First Aid, CPR, NCECC, etc.)

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Do you hold the NC Early Childhood Credential, or equivalent?

Do you have a current First Aid or CPR certificate?

Do you have access to reliable transportation?

Are you involved in any activities that would affect your availability or attendance?

Salary / Wage desired: \_\_\_\_\_ per hour

<b>REFERENCES:</b>
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Please list the names, addresses and telephone numbers of three people we may contact as references:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**WORK HISTORY:**

<b>Current or Last Employer</b>				<b>Address</b>	
<b>Job Title</b>				<b># Supervised by you</b>	
<b>Date Employed (mm/yy)</b>	<b>Starting Salary:</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>	<b>May we contact your employer Y N</b>	
<b>Date Job Ended (mm/yy)</b>	<b>Duties:</b>				
<b>Full Time</b>	<b>Years/ Months</b>				
<b>Part Time</b>	<b>Years/Months</b>		<b>If Part Time, # of hours per week:</b>		
<b>Current or Last Employer</b>				<b>Address</b>	
<b>Job Title</b>				<b># Supervised by you</b>	
<b>Date Employed (mm/yy)</b>	<b>Starting Salary:</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>	<b>May we contact your employer Y N</b>	
<b>Date Job Ended (mm/yy)</b>	<b>Duties:</b>				
<b>Full Time</b>	<b>Years/ Months</b>				
<b>Part Time</b>	<b>Years/Months</b>		<b>If Part Time, # of hours per week:</b>		
<b>Current or Last Employer</b>				<b>Address</b>	
<b>Job Title</b>				<b># Supervised by you</b>	
<b>Date Employed (mm/yy)</b>	<b>Starting Salary:</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>	<b>May we contact your employer Y N</b>	
<b>Date Job Ended (mm/yy)</b>	<b>Duties:</b>				

<b>Full Time</b>	<b>Years/ Months</b>	
<b>Part Time</b>	<b>Years/Months</b>	<b>If Part Time, # of hours per week:</b>

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connect with my work, I authorize education institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation or a failure to disclose relevant information may be grounds for rejection of my applications, disciplinary action, or dismissal if I am employed, and /or criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

If employed, I agree to conform to all Charlotte Montessori School rules and regulations and all applicable governmental laws. I further understand that, during the course of my employment, Charlotte Montessori School may conduct unannounced searches of all areas of the building, including any personal or company property and I hereby consent to such search.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_