

# Von Wedel Montessori School

Application for Employment			SSN
Name - Last	First	Initial	Phone 1
Address			Phone 2
City	State	Zip Code	Email

Position Applied For	Date You Can Start Working	Desired Salary
How did you hear about the school / this position?		Days / Hours Available (if Part-Time)

Please note that continuing with this application indicates your understanding and acceptance of the following:

1. All employees are required to undergo criminal record checks and must submit to fingerprinting for the same.
2. Any individual who has been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to criminal charges involving misconduct with a child, sexual misconduct, or violence WILL NOT BE HIRED AS AN EMPLOYEE.
3. This is a drug and smoke-free campus. Any or all applicants may be tested for illegal drugs as part of the application process.

Education		Please complete any of the following that apply.	
Program	School Name	City, State	Degree(s) Conferred
College			
Jr. College			
Child Care Credential			____ NECC (CDA)      ____ Staff Credential
Introductory Training	Department of Children and Families (DCF)	Rules and Regulations (6), Health Safety and Nutrition (8), Abuse and Neglect (4), Growth and Development (6), Observation and Screening (6), Appropriate Practices (5+5)	____ Part I (30 hrs)      ____ Part II (10 hrs)
High School			

The school requires that any new employees undergo a state-sponsored 40-Clock-Hours of Introductory Child Care Training. This training must begin within 30 days of employment and must be completed prior to 90 days of employment.

Have you lived in any other state besides Florida in the past 5 years? If so, please specify each state.

<b>Employment</b>		<b>Please list work experience, beginning with your current/most recent.</b>		
Job Title	Company Name		Phone #	
Address		City	State	Zip
Name/Title of Supervisor		Starting Date	Ending Date	
Reason for Leaving		Starting Salary	Ending Salary	
Description of Work				

Job Title	Company Name		Phone #	
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Name/Title of Supervisor		Starting Date	Ending Date	
Reason for Leaving		Starting Salary	Ending Salary	
Description of Work				

<b>References</b>		<b>Please list any additional references in the space below.</b>	
Name		Name	
Position / Company		Position / Company	
Phone #		Phone #	

What is your educational philosophy? What is your definition of success in a classroom?

If I were to walk into your classroom during a language or math activity, what would I see?

What do you see as the role of discipline in the school setting? How do you handle classroom discipline?

What are your biggest strengths and weaknesses as a teacher?

What are your long term goals?

I affirm that the facts contained in this application are true and complete to the best of my knowledge and are made in good faith. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also understand that all statements made on this application, including employment information, are subject to verification as a condition of employment.

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Signature

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Date

For Office Use Only

Interviewer	Date
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Comments:

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