



COUNTRY MEADOWS
MONTESSORI SCHOOL

6151 Washington Street, Gurnee, IL 60031
Phone: 847.244.9352 Fax: 847.244.1068

www.cmmontessori.net

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Name: _____ Email: _____
Address: _____ Home Phone: _____
City: _____ Work Phone: _____
State: _____ Zip: _____ Cell Phone: _____

Position Applying For: _____ Salary Range: _____
No. Hours Per Week Desired: _____ Referred by: _____
Date Available to Begin Work: _____

Are you 18 years or older? _____ U.S. Citizenship or Permanent Resident?: _____

Educational Background:

	High School	College / University	Graduate/Professional
School Name and Location			
Number of Years Completed			
Diploma/Degree <u>YEAR</u> of graduation			
Describe Course of Study			

Montessori certificate: _____ Date: _____ Institute: _____
AMS _____ AMI _____ Early Childhood: _____ Elementary: _____

Specialized Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Special Experience

Indicate interest or work experience in the following:

Music _____ Painting _____
Drama _____ Dance _____
Arts & Crafts _____ Foreign Language _____

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

VOLUNTEER EXPERIENCE

List any direct, unpaid experience working with children (such as: scout work, Sunday School, etc.)

Organization: _____

Type of work: _____

Age range of Children: _____

Dates: _____

Organization: _____

Type of work: _____

Age range of Children: _____

Dates: _____

Give the name, address and telephone number of two references who are not related to you and was not a previous employer.

List professional, trade business or civic activities and offices held. Include honors earned and certificates granted:

Have you ever been accused of any form of child abuse? _____

Yes

No

If yes, please explain: _____

Have you ever been convicted of a crime other than minor traffic offenses? _____

Yes

No

If yes, please explain: _____

Is there anything that prevents you from performing the essential functions of this job with or without reasonable accommodation?

Do you have current first aid training? _____

CPR? _____

Adult or pediatric? _____

*****PLEASE READ CAREFULLY BEFORE SIGNING*****

I certify that all information on this application is true to the best of my knowledge. I understand that any misstatements or omission of information would be grounds for dismissal. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have about me, personal or otherwise; I release all parties from all liability for any damage that may result from furnishing the same to you. If hired, I agree to conform to the rules and regulations of the School. I understand that my employment and compensation may be terminated with or without notice at any time, at the option of either the School or myself, unless otherwise agreed to in a written contract. I understand that no representative of the School other than the President has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

APPLICANT'S SIGNATURE: _____

DATE: _____