



MONTESSORI

ACADEMY OF NAPLES

employment application

Position Desired [] Part Time [] Full Time		List in Order of Preference the Grades and/or Position(s)			Date:
		1)	2)	3)	
Name (print)	Last	First		Middle	
Present Address	Street and Number	City	State	Zip Code	Length of Time there: Years Months
Previous Address	Street and Number	City	State	Zip Code	Length of Time there: Years Months
Daytime/Cellular Telephone No.		Email Address		Social Security No.	

Have you ever worked for this Company before? [] Yes [] No

If yes, please give dates and position:

NOTE: Answering *Yes* to the following questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged.)

Have you ever pled guilty or *no contest* to, or been convicted of, a misdemeanor or felony? [] Yes [] No
if yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? [] Yes [] No
If yes, please give the date(s) and details:

Within the past 10 years, have you ever been fired from a job for any reason? [] Yes [] No
If yes, please give the date(s) and details:

Have you ever been professionally disciplined in any state (annulment, revocation or suspensions of your teaching certification or having a letter of reprimand from an agency or board of commission of the state)? [] Yes [] No
If yes, please give the date(s) and details:

Are you subject to any visa or immigration status, which would prevent you from lawful employment? [] Yes [] No
If yes, please give the date(s) and details:

MONTESSORI ACADEMY OF NAPLES IS AN EQUAL OPPORTUNITY EMPLOYER

CERTIFICATION

List all areas in which you hold valid Florida and/or Out-of-State Teaching Certificates.

Area Of Certification	Issuing State	Date Issued

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Title or Position Name & Title of Supervisor	Exact Reason for leaving
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Title or Position Name & Title of Supervisor	Exact Reason for leaving
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Title or Position Name & Title of Supervisor	Exact Reason for leaving
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Title or Position Name & Title of Supervisor	Exact Reason for leaving
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$	Title or Position Name & Title of Supervisor	Exact Reason for leaving

EDUCATIONAL BACKGROUND	School or Institution and Location	Major/Minor	Diplomas, Degrees or Credits Earned	Grade Point Avg
High School				
College/University				
Graduate Study				
Montessori Training				

PLEASE LIST EXTRA ACTIVITIES THAT YOU ARE QUALIFIED TO SUPERVISE OR COACH:

REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date the contact(s) may be made.

Name	Occupation	Address (Street, City and State)	Telephone

OTHER QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experiences (including U.S. Military service) and/or state any additional information you feel may be helpful in considering your applications, i.e. honors, award, activities, technology skills or professional development activities:

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation or information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any further employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personal records, and to respond fully and completely to all questions that officials of Montessori Academy of Naples, Inc. may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to Montessori Academy of Naples, Inc. I further authorize these officials to investigate my background, now or in the future, to verify information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or information, which would tend to actually identify a disability, nor do I authorize inquires which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by a school or school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations or employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date

Signature of Candidate (In Ink)