

Nurturing Tomorrow Today

EMPLOYMENT APPLICATION

Please complete this application in its entirety. If an item is not applicable, please answer N/A. (Please Print or Type)

| Date of Application | | Pos | ition Applying for | Assistant Taashar Clar | ical, Food Service, Other | |
|--|---|------|--------------------|--------------------------|----------------------------|--|
| N.Y | | | (Teacher, F | ASSIStant Teacher, Cleri | ical, rood selvice, Other) | |
| Name: | Last | | First | Mic | ddle | |
| | | | C | | | |
| | onth/day/year) Place of Birth(City/State) | | | Social Security # | | |
| Current Address | | | | | | |
| | Street | | City | State | Zip Code | |
| Permanent Address | | | | | | |
| | Street | | City | State | Zip Code | |
| PhoneHome | | | E-mail_ | | | |
| Home | | Cell | | | | |
| Do you hold a Missis List all areas in which | | | | | | |
| Area of Certification | | | Issuing Agency | | Date Issued | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Educational - Document | highest educational level. Attach | copy of diploma, GED, | CDA or college t | ranscript. | |
|-----------------------------------|------------------------------------|-------------------------|---------------------|------------------------|--|
| | School or Institution and Location | Major or Field of Study | Diploma, Degrees | Grade Point Average | |
| High School | | | | | |
| College/University | | | | | |
| Graduate Study | | | | | |
| Special Training/ Certificates | | | | | |
| Please submit an officia | l College Transcript to be sen | t to the address bel | ow. | | |
| Work Experience | | | | | |
| Date of Employment | Name of Employer: | | | | |
| | Address: | | | | |
| | Telephone: | | | | |
| Job Title and Duties: | | Reason for Leaving: | | | |
| Supervisor Name & Title: | | Salary: | | | |
| Date of Employment | Name of Employers | • | | | |
| Date of Employment | Name of Employer: Address: | | | | |
| | Telephone: | | | | |
| Job Title and Duties: | | Reason for Leaving: | | | |
| Supervisor Name & Title: | | Salary: | | | |
| Date of Employment | Name of Employer: | | | | |
| Date of Employment | Address: | | | | |
| | Telephone: | | | | |
| Job Title and Duties: | retephone. | Reason for Leaving | τ. | | |
| Job Title and Duties. | | icason for Leaville | 5. | | |
| Supervisor Name & Title: | | Salary: | | | |

| Describe any other experience you have had working with children. |
|--|
| Which of your personal qualities are most likely to positively contribute to your work with children? |
| Describe your interest, hobbies, and/or talents. |
| Please explain what you know about Montessori, or experiences you have had in Montessori classrooms either as an assistant, teacher or student, and previous Montessori courses or workshops attended. |
| |
| List special job-related skills, talents, special awards, honors, activities, or experiences that you feel may be helpful in considering your application. |
| |
| List technology skills, professional development activities, or specialized training you feel may be helpful in considering your application. |
| |

REFERENCES

References should include your most recent supervisor(s), professor(s), and one other person (not related to you) who have first-hand knowledge of your professional competence and your personal qualification. Each reference is asked to submit a letter of recommendation on your behalf to Dr. Limmie M. Flowers, Kingston Montessori, 508 Clinton, Clinton, MS 39056.

| Name | Relationship | Address | Telephone (Business/Mobile) | E-Mail Address |
|------|--------------|---------|--------------------------------|----------------|
| | | | | |
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| | | | | |
| | | | | |

GENERAL BACKGROUND INFORMATION

- *Were you ever convicted of a criminal offense? _Yes _No
- *Are you currently under charges for a criminal offense? __Yes __No
- *Within the past 10 years have you been fired from any job for any reason? _Yes _No

Other Documents Required for Employment:

- Letter of Suitability for Employment (Criminal Records check, Child Abuse Central Registry check, Sex Offender Registry check)
- Mississippi State Department of Health Certificate Immunization Compliance Form 121:

Agreement:

I, the undersigned, do solemnly attest that all of the information in this application, including separate documents are accurate. I understand that intentionally providing false information on this application will result in withdrawal of consideration for employment.

KINGSTON MONTESSORI has my permission to perform all criminal records checks, a Child Abuse Central Registry Check, and contact previous employers and personal references.

| Name Printed | | |
|--------------|------|--|
| | | |
| Signature | Date | |

Return application to:

Dr. Limmie Flowers, Director • Kingston Montessori • 508 Clinton Blvd. • Clinton, MS 39060 Email: lflowers@kingstonmontessori.org

^{*}Are you subject to any visa or immigration status, which would prevent lawful employment? _Yes _No

Submission options

1. Select the "PRINT" option within your internet browser and mail or bring form to Kingston Montessori, 508 Clinton Blvd., Clinton, MS 39056

OR

2. Select the "SHARE" option within your internet browser and email form to lflowers@kingstonmontessori.org