

Montessori Academy at Belmont Greene

20300 Bowfonds St.
Ashburn, VA 20147
(703) 729-7200
www.montessori-belmontgreene.com

Application for Employment

Montessori Academy at Belmont Greene is an equal opportunity employer dedicated to providing a work environment free of discrimination because of race, color, creed, religion, age, sex, handicap, and national origin, marital or military status. Information below is requested to allow for assessing the applicants ability to perform job duties and responsibilities.

Personal Information

Date: _____ Telephone: (Home) _____ (Work) _____

(Full Legal) Name: _____

Nickname: _____ Social Security No.: _____

Are you 18 years or older? Yes No

Current Address: _____

City: _____ State: _____ Zip: _____

Position applied for: _____

Expected Compensations _____

List Days or Hours (between 7:30 a.m and 6:00 p.m.) you **CANNOT**

work: _____

Date Available to Start: _____

Professional Information

Montessori Certification: AMS ___ AMI ___ ST. NICK ___ Date Received _____

Educational Background

1. _____

2. _____

3. _____

Special or Job-related Training and Date Completed (e.g. CPR, First Aid)

1. _____

2. _____

3. _____

Employment Information

Please list employment related to childcare first (References will be contacted):

1. Position/Duties _____

Dates _____ Phone _____ Start/end Pay _____

Location _____

Supervisor _____

2. Position/Duties _____

Dates _____ Phone _____ Start/end Pay _____

Location _____

Supervisor _____

3. Position/Duties _____

Dates _____ Phone _____ Start/end Pay _____

Location _____

Supervisor _____

Have you ever been accused of child abuse? _____ No _____ Yes

If Yes, explain: _____

Have you ever been convicted of a felony criminal offense? _____ No _____ Yes

If yes, explain: _____

Have you ever been discharged from position, forced to resign or had your contract not renewed? ___No ___ Yes.

If yes, explain: _____

Additional information on employment, supervisory or personal experiences: _____

List three personal or professional references:

Name _____ Phone _____

Relationship to applicant: _____

Name _____ Phone _____

Relationship to applicant: _____

Name _____ Phone _____

Relationship to applicant: _____

I certify that all of the above information is true and authorize the school to investigate any information on this application.

Signature: _____ Date: _____
