



## Children's House of Durango

### Montessori Education

1689 West Third Avenue

Durango, CO 81301

970-259-1089

### Application for Employment

Once you have completed the application, please email it back to [owners@childrenshouseofdurango.com](mailto:owners@childrenshouseofdurango.com).

#### **Applicant -- Personal Information**

Legal Full Name: \_\_\_\_\_

Preferred Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Which is your preferred method of contact? ☐ Email ☐ Work

Can we leave a message? ☐ Yes ☐ No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Mailing Address (if different from above):  
\_\_\_\_\_

Are you legally eligible to work in the US? ☐ Yes ☐ No

If hired for the position you are applying for, are you willing to submit to a background check?

☐ Yes ☐ No

For background check purposes, please list **all** the states you have lived in in the last 7 years. *If you have only lived in Colorado, please write Colorado.*

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or any other criminal offense within or outside the state of Colorado? ☐ Yes ☐ No If so, please identify the date, location and circumstances of each such conviction.

\_\_\_\_\_  
*Note: A yes answer does not automatically disqualify you from employment*

### Applicant -- Education

*Circle highest completed:*

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree: \_\_\_\_\_

Are you currently attending school? ☐ Yes ☐ No

If yes, name of school and course of study: \_\_\_\_\_

☐ Full Time Student

☐ Part Time Student

#### Licensing & Certifications

Montessori Certification: ☐ Yes ☐ No

Date of Certification: \_\_\_\_\_ Level(s): \_\_\_\_\_

Granting Institution & Address: \_\_\_\_\_

Public School Teaching License: ☐ Yes ☐ No

Issuing State(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Areas of Licensure: \_\_\_\_\_

Any other licenses or certifications? \_\_\_\_\_

### Applicant -- Employment

*What is your current employment status? Note if you fit into more than one category, choose the activity where you spend the **most** time.*

☐ Full Time

☐ Part Time

☐ Unemployed

☐ Student

### Applicant -- Employment History

*Please list your two most recent jobs, beginning with the most recent job first. Please list your teaching experience, if it is not your most recent employers.*

#### Employer No. 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Brief description of duties:

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Reason for leaving (if applicable): \_\_\_\_\_

Employer No. 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Brief description of duties:

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Reason for leaving (if applicable): \_\_\_\_\_

Teaching Experience No.1:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_

Teaching Experience No.2:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_

**Applicant -- Questions**

If hired for the position you are applying for, what is your available start date? \_\_\_\_\_

If hired for the position you are applying for, what is your desired employment?

☐ Full Time (30 to 40 hours)

☐ Part Time (20 hours or less)

If hired for the position you are applying for, what is your desired pay? \_\_\_\_\_  
Please provide us with a brief statement about why you would like to be a part of Children's House,  
why you would like to work with young children, and what you think you will gain from this  
experience.

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### Applicant -- Personal References

*Please list three personal references, two of which needs to be a professional reference.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
Application Received	
Date of Interview	
Start Date	
Position & Salary	
Classroom Observation	_____
Supervisor Signature	