MONTESSORI SCHOOL OF ORLANDO **Employment Application Form**



Applying for: _____ School Year ____ Summer

Please send completed application to: director@msoeducation.com 1187 Florida Mall Ave., #108, Orlando, FL32809

Montessori School of Orlando is an equal opportunity employer. Our company is dedicated to providing a work environment free of discrimination including but not limited to race, color, creed, religion, age, sex, national origin, disability, marital or military status.									
A		t be filled with accurate				omplete app			
	Last Name		First	Middle			DOB	Today's Date	
	Permanent Add	dress					Home Phone	Cell Phone	
Р									
E	City, State, Zip					E-mail:			
R	Are you over 18 years old? ☐ Yes ☐ No					Social Security No.			
s o	Languages Spoken						_		
N	Are you legally eligible for employment in the US? ☐ Yes ☐No						5		
A L	Position Desired Preferred Age group						Expected Pay		
-	Are you available for flexible work hours						When can you start?		
		ırs can you work?							
	Contact Persor	n in case of Emergency:			Relations	hip:	Phone:		
E	SCHOOL	Name/Location (City, State) of School	ı	Major	No. of Yea		Degree or Diploma	
D						Complete	ed Graduated		
U	HIGH								
C A	COLLEGE								
Ţ									
0	MONTESSORI								
N	OTHER								
	1) First Most Red	cent: Company Name				Phone			
E M P	Address					Employ	nd (State Month & V	r\	
	Address					Employed (State Month & Yr.) From: To:			
L	Name of Supervisor					Weekly Pay Start: Final:			
O Y	State Job Title & Describe your Work					Reason for Leaving			
M						Phone			
E N	2) First Most Recent: Company Name								
T	Address					Employed (State Month & Yr.)			
						From: To: Weekly Pay			
н	Name of Supervi	sor May we con	tact your Supervisor	☐ Yes	□ No	Weekly Start:	•	nal:	
ı	State Job Title & Describe your Work					Reason for Leaving			
S T									
0	3) First Most Recent: Company Name					Phone			
R Y	Address					Employed (State Month & Yr.)			
•	Name of Owner of	Marria	0			From:	То	:	
	Name of Supervi	sui iviay we cont	act your Supervisor	☐ Yes	□ No	Weekly Start:	•	nal:	
	State Job Title & Describe your Work					Reason for Leaving			

REFERENCES	Name	Phone	Years Acquainte	d Business					
1									
2									
3									
•	a short answer to the following:								
1) A parent comes to you and say's "I'm paying this school so that my child learns to follow directions, why is he/she not listening to me at home!" What do you do or say?									
2) One toddler bites another toddler in your class, what do you do?									
3) A 5 year old says a "bad word", what do you say?									
IMPORTANT									
IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING ALL PAPERS: For the safety of the children and in order to work in a Childcare setting, you must have a clean record. Montessori School of Orlando requires a local, state and national screening. If you have not already done so, within 90 days of employment you must start training classes in the state mandated 20, 10, 10 hour courses offered by 4-C, Orlando Tech., etc. These classes must be conducted in your time off. All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal.									
Have you app	lied or worked at this company before	e? 🗆 Yes 🗆 🗅 N	lo If yes when?						
Can you lift 40lbs of weight? ☐ Yes ☐ No. If no please explain why?									
Are you CPR	certified? ☐ Yes ☐ No	Are you willing to	obtain your certifica	ation? ☐ Yes ☐ No					
Have you ever held a childcare/teaching license with the Dept. of Children & Families or been registered to provide childcare in your home? No									
While employed	d in a childcare program, have you ever	been the subject of a	disciplinary action, o	r been the party responsible for a child					
care facility rec	eiving and administrative fine? \Box Yes	s □ No							
Have you been convicted of a felony or theft in the last 5 years? Yes No If yes, please explain (will not exclude you from consideration).									
Are you currer	ntly engaged in using illegal drugs?	□ Yes □ No	o If yes, to what e	extent?					
List the names	s and locations of ALL the child care f	facilities in which yo	u have been emplo	oyed:					
What do you f	feel most qualifies you for this position	on?							
DISCLAIMER A	AND SIGNATURE: Please read the following	owing statements careful	ly prior to signing this A	application.					
I certify that the	e facts contained in this application are tr	ue and complete to the	best of my knowled	lge and understand that, if employed;					
falsified stateme	ents on this application shall be grounds	for dismissal.							
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all									
information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the									
company from any and all liability for any damage that may result from utilization of such information.									
I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. If hired I authorize the company to obtain a criminal history report, three references, copy of diplomas and degrees within one week of									
employment.									
I understand and agree that omission, misrepresentation or delay in producing any of the documents shall be grounds for dismissal.									
A			D :						
Applicant's Si	gnature		Date						