



P.O. Box 189 • 27082 Patwin Road • Davis, CA 95617 • Phone (530) 753-2623
 www.redbudmontessori.org

EMPLOYMENT APPLICATION

Please print or type all information

Date of application _____

PERSONAL INFORMATION

Name _____

Address _____

Phone _____ Email _____

Social Security Number (optional) _____

EMPLOYEE POSITION DESIRED (Teachers must be 18 years or older)

- Regular Paid Position _____
- Work-Study Student _____
- Student Intern Volunteer _____
- Parent Volunteer _____
- Substitute _____
- Other _____

Please indicate hours when you would be available:

	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M.					
P.M.					

Redbud Montessori provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Redbud Montessori expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Redbud Montessori's employees to perform their expected job duties is absolutely not tolerated.

When could you report for work? _____

Minimum acceptable wage (required) _____

EDUCATION/PROFESSIONAL QUALIFICATIONS

Name and Address of:

High School _____

Do you have a high school diploma or GED? no yes

Name and Address of:

College(s) _____

Years Attended _____ Date Graduated (or date expected) _____

Undergraduate Major _____ Degree (or units completed if no degree) _____

Name and Address of:

Graduate School(s) _____

Years Attended _____ Date Graduated (or date expected) _____

Graduate Major _____ Degree (or units completed if no degree) _____

Name and Address of:

Montessori Education Training School(s) _____

Years Attended _____ Date Graduated (or date expected) _____

Affiliation _____ Certification (or units completed if not certified) _____

Are you planning to further your education? no yes When? _____

Please list below any course work taken or currently enrolled in which you feel is especially relevant to the position for which you are applying. Include courses in child development, in specific curriculum areas (e.g., art, music) and courses in educational theory or philosophy.

Course Title/Description	Where taken	Date Completed	Units*

*Specify quarter or semester units

All education transcripts are required when submitting application.

STATEMENT OF PURPOSE

Please indicate briefly why you are interested in the position applied for and how it would fit into your career plans. Indicate what previous contacts you have had with Montessori schools, whether you are acquainted with Montessori theories of education, and what reason you might have, if any, for wanting specifically to work in a Montessori school.

WORK HISTORY/REFERENCES

List your work experience, in its entirety, beginning with your present or last job in reverse order. Be sure to include appropriate military experience. Put a * if the job gives you specific experience in the position for which you are applying. If you need more space, please use a separate sheet of paper.

Employer _____ Dates Employed: from ___/___/___ to ___/___/___

Address _____ Phone (____) _____

Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Supervisor's Name _____

Hourly Rate/Salary: \$_____ start \$_____ final Reason for Leaving _____

Describe Work Performed _____

Employer _____ Dates Employed: from ___/___/___ to ___/___/___

Address _____ Phone (____) _____

Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Supervisor's Name _____

Hourly Rate/Salary: \$_____ start \$_____ final Reason for Leaving _____

Describe Work Performed _____

Employer _____ Dates Employed: from ___/___/___ to ___/___/___

Address _____ Phone (____) _____

Full Time Part-time Temporary Average number of hours worked per week _____

Your Title _____ Supervisor's Name _____

Hourly Rate/Salary: \$_____ start \$_____ final Reason for Leaving _____

Describe Work Performed _____

Name three (3) personal references not related to you and not previous employers:

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

3. Name _____

Address _____ Phone _____

I give Redbud Montessori School the right to investigate all work history/personal references. Furthermore, I give Redbud Montessori School the right to verify any educational reference given in this application. I hereby release from liability Redbud Montessori School and its representatives for seeking such information and all other corporations, educational institutions, individuals or organizations for furnishing such information. _____ **Initial here**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. _____ **Initial here**

In the event of my employment by Redbud Montessori School, I agree to abide by all present and subsequently issued rules, policies and programs of Redbud Montessori School. _____ **Initial here**

I understand that I am free to resign at anytime and Redbud Montessori School reserves the right to terminate my employment at any time, with or without cause, and without prior notice. _____ **Initial here**

I understand that I must have my fingerprints on file with the Department of Social Services and/or the Department of Justice, before any contact with children, and I must also have a current physical with TB test and proof of immunizations for influenza, pertussis and measles. I understand that all costs for fingerprinting and physical will be reimbursed to me upon employment. If I leave employment, for any reason, during the first 30 days, I understand that I will be responsible for all costs for fingerprinting and physical and that Redbud will deduct all costs, reimbursed to me for fingerprinting and physical, from my final paycheck. _____ **Initial here**

Signature of Applicant _____ Date _____