

Brookeside Montessori School

1075 Route 100 Bechtelsville, PA 19505 610-473-0408 www.Brookeside.org

GENERAL EMPLOYMENT APPLICATION

Brookeside Montessori considers all applications without regard to an applicant's race, color, creed, religion, age, gender, national origin, pregnancy, veteran status and/or disability or other legally protected class.

NAME:			DATE:	
ADDRESS:			E-MAIL:	
CITY:	STATE:		ZIP CODE:	
HOME PHONE:	C	ELL PHONE:		
POSITION DESIRED:				
DATE AVAILABLE TO ST	ART:			
Please list your prior work experier starting with your most recent place			cation or field related to position sought ree.	
EMPLOYER NAME:			GENERAL JOB RESPONSIBILITIES	
ADDRESS:				
TELEPHONE NUMBER:				
POSITION HELD:	LENGTH OF EMPLOYMEN	Γ:		
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER: YO	es/No			
EMPLOYER NAME:				
EM EO LEKTALINE			GENERAL JOB RESPONSIBILITIES	
ADDRESS:				
TELEPHONE NUMBER:				
POSITION HELD:	LENGTH OF EMPLOYMEN	Γ:		
REASON FOR LEAVING	l			
MAY WE CONTACT THIS EMPLOYER: Y	es/No			

EMPLOYER NAME:				GENERAL JOB RESPONSIBILITIES		
ADDRESS:						
TELEPHONE NUMBER:						
POSITION HELD: LENGTH OF EMPLOYMENT:						
REASON FOR LEAVING						
MAY WE CONTACT THIS EMPI	OYER: Yes/î	No				
EDUCATION:						
	NAME A	AND ADDRESS OF SCHOOL		COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/ DIPLOMA
HIGH SCHOOL						
PROFESSIONAL CERTIFICATE						
UNDERGRADUATE COLLEGE/UNIVERSITY						
GRADUATE/ PROFESSIONAL DEGREE						
OTHER						
Applicants for Classroom and American Montessori Please list any additional E applying:	Teaching C	Credential.				
Please answer the following		•				
 Are you at least 18 years Are you a U.S. citizen or 	_		_			
		gration status will be requir			In the 0.5	
2. Are you available to wo	•				-	
· -		es you are available to work				
3. To your knowledge are		to any child currently enro e and your relationship:				
ii yes, piease list c	mu s nam	с ани убиг геганонянір:				

4. To your knowledge are you related to anyone currently serving on the board of Directors for this agency:
If yes, please list the Board Members name and your relationship:
5. Have you ever been convicted of or have an indicated report of any crime against a child?
6. Have you ever been convicted of any crime or have pending criminal actions against you?
If yes, please explain:
Please attach copies of a recent (no more than 1 month old) Criminal Background Check, Child Abuse Clearance and FBI Fingerprint Record to this application. If you do not have these documents, we will be happy to provide you with the forms and you may submit this employment application with a copy of the forms and the checks you have submitted to the state agencies. No hiring decision will be made until copies of these Clearances are on file with Brookeside Montessori School. (OR: If selected for employment, your hiring will be conditional pending receipt of certified results of all required clearances. If clearance results are not received by the agency within the first 30 days of employment, you will be placed on unpaid suspension until certified clearances are on file with agency.) At the time of employment you will be required to provide Brookeside Montessori School with the ORIGINAL CERTIFIED Clearances for your Employment File as required by State Licensing Regulations. Please answer the following questions briefly but succinctly in the space allotted: You may be asked to expand upon your answers in an interview format.
1. Why have you chosen to work in Early Childhood Education?
2. What do you find rewarding about working with children and families?
3. When you walk past a classroom you notice a respected veteran teacher handling a child roughly, pulling the child's arm and sitting the child harshly into a seat, and speaking with an inappropriate tone and attitude. You are the only witness to this incident, what would you do?

4. A child in your classroom has been bitten. The mother of the child is furious and demands to know who bit her child and even goes as far as to threaten legal action if the identity of the child who bit her child is not disclosed immediately. How would you handle this parent?								
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PERSONAL/PROFESSIONAL REFERENCES: Do not include family members.								
NAME	PHONE NUMBER	RELATIO	NSHIP TO YOU	PROFESSION				
APPLICANT'S STATEMENT: I certify that the answers and information given herein are true, correct and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false of misleading information given in my application or interview(s) may result in termination regardless of when the information is discovered to be false or misleading.								
Printed Name			Date					
Signature								
Thank you for your interest in being representative of Brookeside Montes by the information provided herein.								
Brookeside Montessori School is an resign for any reason. Likewise, the The "AT-WILL" employment relation specifically acknowledged in writing	employer may terminate the re- onship may not be altered by an	lationship at any y written docum	time, with or without ca	nuse and with or without notice. ent, unless such alteration is				
OFFICE USE ONLY:								
Received by:								
Interview Scheduled: Date:		Time:	Location	on:				