



P.O. Box 189 • 27082 Patwin Road • Davis, CA 95617 • Phone (530) 753-2623 • Fax (530) 753-4610  
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.					

If you are selected for any of the positions indicated above, could you commit to work for:

\_\_\_\_\_ Academic year (Sept.-June)

\_\_\_\_\_ Summer Session (7-9 weeks)

\_\_\_\_\_ Year-round

What prompted you to apply at Redbud Montessori School?  Advertisement  Own Accord  
 Referred  Employee Referral

When could you report for work? \_\_\_\_\_

Minimum acceptable wage \_\_\_\_\_

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 will be required prior to hiring.**

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.

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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. 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 \_\_\_\_\_