



# WACO MONTESSORI SCHOOL

1920 Columbus Avenue ☞ Waco, Texas 76701 ☞ 254.754.3966

## Employment Application

*Please print in ink or type.*

### I. PERSONAL INFORMATION

Date of application: \_\_\_\_\_ Date available for employment: \_\_\_\_\_

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

Last
First
Middle

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

Street
City
State
Zip Code

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### II. POSITION(S) OF INTEREST

*Please check all positions for which you are applying*

- |  |  |
|--|--|
| <input type="checkbox"/> Toddler Lead Teacher          | <input type="checkbox"/> Elementary Lead Teacher Levels 1-3      |
| <input type="checkbox"/> Toddler Assistant Teacher     | <input type="checkbox"/> Elementary Assistant Teacher Levels 1-3 |
| <input type="checkbox"/> Early Childhood Lead Teacher  | <input type="checkbox"/> Elementary Lead Teacher Levels 4-6      |
| <input type="checkbox"/> Early Childhood Assistant     | <input type="checkbox"/> Elementary Teacher Levels 4-6           |
| <input type="checkbox"/> Office/Secretarial Staff      | <input type="checkbox"/> Elementary PE                           |
| <input type="checkbox"/> After School Program Teacher  | <input type="checkbox"/> Elementary Art                          |
| <input type="checkbox"/> Substitute                    | <input type="checkbox"/> Administration                          |
| <input type="checkbox"/> Other (please explain): _____ |  |

### III. EDUCATION

College/University	City, State	Dates	Major	Diploma/Degree or Certificate
High School		City, State		Graduation Date

Honors/Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. CERTIFICATION AND SPECIALIZATION**

*Please check all which apply.*

Montessori Certification: AMS Toddler     AMS 3-6     AMS 6-9     AMS 9-12  
MACTE Toddler    MACTE 3-6    MACTE 6-9     MACTE 9-12

Teaching Certificate:     Texas     Other: (What state?\_\_\_\_\_) Year Issued: \_\_\_\_\_  
 Level(s):  Kindergarten     Elementary     Secondary     All-level  
 Administration     Other: \_\_\_\_\_

Specializations:  Speak a foreign language     Music     Special Education  
 Speech Therapist     Learning Disabilities Training  
 Other: \_\_\_\_\_

**V. PROFESSIONAL/TEACHING EXPERIENCE**

*List teaching or other professional experience.*

From (Mo/Yr):	To (Mo/Yr):	Name & Address of District/Company:	Supervisor:
Years Exp.	Grade/Subject/Position:	Reason for Leaving:	Phone:
From (Mo/Yr):	To (Mo/Yr):	Name & Address of District/Company:	Supervisor:
Years Exp.	Grade/Subject/Position:	Reason for Leaving:	Phone:
From (Mo/Yr):	To (Mo/Yr):	Name & Address of District/Company:	Supervisor:
Years Exp.	Grade/Subject/Position:	Reason for Leaving:	Phone:
From (Mo/Yr):	To (Mo/Yr):	Name & Address of District/Company:	Supervisor:
Years Exp.	Grade/Subject/Position:	Reason for Leaving:	Phone:

## VII. PERSONAL STATEMENT

On a separate sheet of paper, please make a statement in your own handwriting concerning your reasons for desiring a position with Waco Montessori School.

Have you ever worked for Waco Montessori School?  No  Yes Dates: \_\_\_\_\_

Have you ever been convicted of a misdemeanor, felony or any offense involving moral turpitude? (Do not include traffic offenses.)  No  Yes If yes, describe briefly:

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

Do you have a relative who works for Waco Montessori School or who serves as a member of the Board of Trustees?  No  Yes If yes, please give his/her name

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

## VIII. CREDENTIALS TO INCLUDE WITH APPLICATION

*Please check enclosed items*

- \_\_\_\_ Copies of all teaching and professional certificates (front and back, if appropriate)
- \_\_\_\_ Copies of all transcripts showing course work and degrees earned
- \_\_\_\_ Copies of TECAT, EXCET, TExES verification documentation
- \_\_\_\_ Copies of Teacher Appraisal Certification and all appropriate updates
- \_\_\_\_ Copies of AMS or MACTE certifications
- \_\_\_\_ Personal Statement (Section VII)

## IX. CRIMINAL HISTORY RELEASE AND VERIFICATION OF INFORMATION

I hereby affirm that the information presented in this application to the best of my knowledge is true and complete. I hereby authorize the Waco Montessori School to contact current and former supervisors to furnish confidential employment reference information. I understand that references, placement folder information and other information, which becomes a part of this record may be revealed to all persons whom participate in the selection of employees. Furthermore, I understand that if employed, any falsified information may be considered sufficient cause for dismissal. Waco Montessori School is authorized to make an investigation of my education and work history, personal references and police record.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Legal Signature of Applicant

*Waco Montessori School is an equal opportunity employer, complying with all local, state, and federal laws. WMS recruits, hires, trains and promotes persons without regard to race, religion, color, gender, national origin, ancestry, marital status, age disability, or sexual orientation. This policy applies to all employment areas.*