



Montessori Kids Academy LLC • 3036 Old Atlanta Road • Cumming, GA 30041 • Tel: 678-648-3175 • Fax: 678-648-6993
GEORGIA APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

INTRODUCTION

Montessori Kids Academy LLC is a full service Montessori school. It is individually owned and operated .

At Montessori Kids Academy LLC we teach the often underestimated art of Quality teaching along with the needs and expectations of parents and children.

Thank you for considering Montessori Kids Academy LLC for your employment needs.

EQUAL OPPORTUNITY POLICY

Montessori Kids Academy LLC is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability, or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding an applicant from consideration of employment on such grounds.

**ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.
PLEASE PRINT**

APPLICANT’S CERTIFICATION

Pursuant to Georgia Department of Human Resources Rules and Regulations for Day Care Centers, effective March 1, 1991, rule 290-2-2-09 Administration and Staff Requirements (Director, Assistant Director, Lead Teacher, etc.), I certify to the following:

1. I _____, am not suffering from any physical handicap or mental health disorder, which would interfere with my ability to perform adequately the assigned job duties and in accordance with State Child Care Rules Regulations of providing for the care and supervision of the children under my care at this time.
2. I do not have a criminal record; and,
3. I _____, have never been found by credible evidence, e.g. a court or jury, a department investigation, or reliable evidence to have abused, neglected, or deprived a child or adult, or to have subjected any person to serious injury as a result of intentional, or grossly negligent misconduct as initially evidenced by an oral or written statement to this effect obtained by the administrator from the employee at the time of this application.
4. I will comply with all state requirements for initial certification and to continue certification.

Signature of Applicant

Date



If yes, please list activities that would affect your attendance:

PERSONAL REFERENCES

Legal considerations require us to request that you not include your previous employer, minister, pastor, and do not list any relative.

NAME	ADDRESS	TELEPHONE	OCCUPATION

SOURCE

How did you learn about us? Friend Relative Advertisement
 State Employment Service Private Employment Agency Name of Agency _____

EDUCATION

	<u>NAME</u>	<u>CITY / STATE</u>	<u>YEARS</u>	<u>TYPE OF DEGREE</u>	<u>MAJOR AREA OF STUDY</u>
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Business School	_____	_____	_____	_____	_____
Vocational School	_____	_____	_____	_____	_____
Other Training	_____	_____	_____	_____	_____

Are you current in First Aid training? Yes No
 Is your CPR certificate current? Yes No
 Do you hold any certificates for Montessori teaching? Yes No

Please list certificates: _____



EMPLOYMENT RECORD

List each job held. Start with your present or last job.

Employer	Dates		Work Performed
	From	To	
Address			
Phone Number			
Job Title	Salary		
	Starting	Final	
Supervisor			
Reason for leaving:			

Employer	Dates		Work Performed
	From	To	
Address			
Phone Number			
Job Title	Salary		
	Starting	Final	
Supervisor			
Reason for leaving:			

Employer	Dates		Work Performed
	From	To	
Address			
Phone Number			
Job Title	Salary		
	Starting	Final	
Supervisor			
Reason for leaving:			

Employer	Dates		Work Performed
	From	To	
Address			
Phone Number			
Job Title	Salary		
	Starting	Final	
Supervisor			
Reason for leaving:			



Additional employment information:

Explain any employment gaps:

PERSONAL HISTORY

Smoking is not permitted in the center or anywhere on the premises or bus.

Do you have access to transportation? Yes ___ No ___

Do you have children who will attend Montessori Kids Academy LLC? Yes ___ No ___

If yes, please list:

NAME	AGE	GRADE



AGREEMENT AND CERTIFICATION

(PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED)

I hereby certify that the facts set forth in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information during the employment application process, may disqualify me from further consideration for employment, and if employed, will subject me to dismissal. If I am offered employment, I understand I may be required to submit to a physical examination designed to determine whether I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by Montessori Kids Academy LLC, and that final acceptance for employment is subject to me successfully passing this physical examination. I further understand that any misrepresentation of information, or failure to disclose information at the time of my physical, may result in employment disqualification or dismissal.

I understand that in connection with my application for employment, an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report.

If employed, I agree to conform to all Montessori Kids Academy LLC rules and regulations and all Federal, State, and local rules and regulations. In this regard, I understand that Montessori Kids Academy LLC may, at its discretion, conduct searches of lockers, lunch boxes, tool boxes, clothing, purses, briefcases, vehicles, desks, work areas, and other personal or Montessori Kids Academy LLC property, and I hereby consent to such search. I also understand and agree that if employed, my employment is for an indefinite period of time, that either I or Montessori Kids Academy LLC may terminate my employment at will at any time, with or without cause or notice. I hereby disclaim the existence of any contract of employment, either express or implied.

I understand that Montessori Kids Academy LLC prohibits the use, distribution of, or presence of tobacco in any form while at the center or on its property. In addition to buildings, parking lots, and playgrounds the term property includes all vehicles used by Montessori Kids Academy LLC to transport children and any location of any field trip or extra curricula activity organized or sponsored by the center.

This application is current only for 60 days. At the conclusion of this time, if I have not heard from Montessori Kids Academy LLC and still wish to be considered for employment, I understand that it will be necessary for me to submit a new application.

This agreement contains and represents the entire agreement between Montessori Kids Academy LLC and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand and agree that this agreement cannot be orally modified and that any subsequent modification of this agreement including the at-will state of employment I seek, must be in writing and duly executed by the president of Montessori Kids Academy LLC or his or her designee.

I certify that I am a true and bona fide job applicant honestly interested in the position(s) for which I have applied, and am seeking employment with Montessori Kids Academy LLC solely to provide me the benefits of a job and for no other purpose.

Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

I agree and understand Montessori Kids Academy LLC and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, Montessori Kids Academy LLC may at any time seek any information from whatever source in its discretion deemed relevant to my employment. Accordingly, I hereby authorize previous employers and references listed in my application, any medical facility, or related personnel, or any other source contacted by Montessori Kids Academy LLC to give Montessori Kids Academy LLC any and all information concerning my previous employment, my medical condition, or any medical treatment, or any other information they may have, personal or otherwise. I hereby release Montessori Kids Academy LLC and its agents, any previous employers, any medical facility, or related personnel, and any other persons or entities whatsoever involved in such an investigation or inquiry from all liability of any kind, including any damages on account of the furnishing of such information.

I further understand that my Criminal Records Check will be sent in the date of hire and my employment at Montessori Kids Academy LLC may be terminated if my Records Check is not in compliance with State and Child Care Standards.

Signature of Applicant

Date

Notes:

