



LAKELAND MONTESSORI SCHOOLHOUSE

**TEACHER / PARAPROFESSIONAL**  
**APPLICATION**

**Mail completed application to:**  
**Lakeland Montessori Schoolhouse**  
**P.O. Box 7521**  
**Lakeland, FL 33807**

Please complete the application in your own handwriting. Attach additional pages as necessary.

Name: \_\_\_\_\_  
Last First M.I. Social Security #

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
Home Work Message

Salary Expectation: \_\_\_\_\_

Do you hold a current Florida Certificate/license? Yes\_\_\_\_ No\_\_\_\_

If yes, what type \_\_\_\_\_

Do you hold a certificate in another state? Yes\_\_\_\_ No\_\_\_\_

If yes, what type \_\_\_\_\_ Which state \_\_\_\_\_

Please list the level(s) and area(s) of endorsement on your certificate/license. Please refer directly to your license for this information and send a copy of license with application.

Levels: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Levels: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**Professional and Personal References**

Please send four references (at least two must be professional) using the evaluation forms available on the [LMS website](#). List the names of the persons you have asked for an evaluation.

Names of References	Title	Home Phone	Work Phone
1 _____			
2 _____			
3 _____			
4 _____			



## Work Experience

Position:		Organization/School:		
Address:	City:	State:	Zip Code:	Phone Number:
Supervisor:		Supervisor's Title:	Supervisor's Phone Number:	
Employment Dates:		Reason for Leaving:		
Specific Responsibilities:				
Co-Curricular Activities/Coaching:				

Position:		Organization/School:		
Address:	City:	State:	Zip Code:	Phone Number:
Supervisor:		Supervisor's Title:	Supervisor's Phone Number:	
Employment Dates:		Reason for Leaving:		
Specific Responsibilities:				
Co-Curricular Activities/Coaching:				

## Work Experience (cont.)

Position:		Organization/School:		
Address:	City:	State:	Zip Code:	Phone Number:
Supervisor:		Supervisor's Title:	Supervisor's Phone Number:	
Employment Dates:		Reason for Leaving:		
Specific Responsibilities:				
Co-Curricular Activities/Coaching:				

Position:		Organization/School:		
Address:	City:	State:	Zip Code:	Phone Number:
Supervisor:		Supervisor's Title:	Supervisor's Phone Number:	
Employment Dates:		Reason for Leaving:		
Specific Responsibilities:				
Co-Curricular Activities/Coaching:				

## Education Background - List all undergraduate and graduate coursework earned toward a degree.

COLLEGE/UNIVERSITY	STATE	MAJOR	DEGREE	DATE OF COMPLETION	GPA

**Additional Coursework**

List all undergraduate and graduate coursework accomplish since receiving degree(s).

COLLEGE/UNIVERSITY	STATE	COURSE NAME	CREDIT HOURS	DATE OF COMPLETION	GRADE

**Background Information**

In which states(s) have you lived and worked, including current location? Attach additional sheets if necessary.

City, County, State	Specific Dates of Residency

**I certify that all information I supply in the application process, whether written or spoken, is correct. I understand that falsification, omissions, or misstatements are grounds for refusal of hire, or, if hired, are grounds for dismissal. I authorize any of the persons or organizations referenced in this application to give LMS any and all information concerning previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damage that may result from furnishing such information to you. I authorize you to request and receive such information.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

*It is the policy of Lakeland Montessori Schoolhouse to provide equal employment opportunity for all job classifications without regard to race, religion, color, national origin, sex or age in accordance with all laws.*

**TEACHER / PARAPROFESSIONAL QUESTIONNAIRE**

**Please answer the following questions. Attach additional pages as needed.**

**1. Why do you want to work at Lakeland Montessori Schoolhouse?**

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**2. What is your view of Montessori Education?**

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**3. What are your beliefs about classroom management and student discipline?**

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**4. What are the indications that a student is not being challenged? How would you respond?**

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**5. What three essential beliefs do you have that makes you a successful teacher?**

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**6. Describe how you would ensure that students achieve high academic standards as well as honoring the effective and developmental needs of each child.**

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**7. What do you think the role of parents should be in their child's education?**

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**8. What is the most important issue in education today? Why?**

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**9. Write about a time when you had a conflict with a parent. How did you handle the situation?**

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**10. Write about a time when you had a conflict with a supervisor. How did you handle the situation?**

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**11. What do you see as your greatest strengths? What do you see as your greatest weaknesses?**

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LAKELAND MONTESSORI SCHOOLHOUSE

**BACKGROUND CHECK**

**PLEASE PRINT**

NAME: \_\_\_\_\_  
Last First Middle (complete name) Other Names Used

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Exp. \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, other than a routine traffic offense?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain:

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

Has any court ever received a plea of guilty or a plea of nolo contendere from you for any offense; deferred further proceedings without entering a finding of guilty; and/or placed you on probation?

YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain: \_\_\_\_\_

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

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I hereby grant Lakeland Montessori Schoolhouse full authority to complete a background check via driver's record, criminal history, index and registry files.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

CDE \_\_\_\_\_ CBI \_\_\_\_\_ Status \_\_\_\_\_

I-9 \_\_\_\_\_ W-4 \_\_\_\_\_ PERA \_\_\_\_\_



LAKELAND MONTESSORI SCHOOLHOUSE

**PAYROLL DEDUCTION AUTHORIZATION**

I, \_\_\_\_\_, employee #\_\_\_\_\_ hereby authorize Lakeland Montessori Schoolhouse to deduct the cost of the background check from my wages, with one payment being deducted from my first paycheck.

Date of Deduction:                      First Paycheck

Amount:                                      \$

Explanation of Charges: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_