



A Polk County Public Charter School

LAKELAND MONTESSORI SCHOOLHOUSE

TEACHER / PARAPROFESSIONAL
APPLICATION

Mail completed application to:
Lakeland Montessori Schoolhouse
1124 N. Lake Parker Dr.
Lakeland, FL 33805

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: _____

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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 _____			

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

Section I

Please circle your preference: PreK K 1 2 3 4 5

List any special skills, preparation, training, or areas of expertise. Please include areas such as Montessori training, Core Knowledge, Classical studies, traditional phonics, travel within the US, international travel, foreign language, Music, Art, Spalding, Math, or Science. (Attach additional sheets if necessary.)

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?

2. What is your view of Montessori Education?

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

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

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

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

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

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

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

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

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

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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: _____

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 _____

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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: _____