



APPLICATION FOR SUBSTITUTE POSITION – CLASSROOM (TEACHER) OR OFFICE

Please return to:

Atlanta Montessori Academy
3716 E. Main Street
College Park, GA 30337
404.768.5700

(Please type or print in black ink)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City/State) (Zip)

Phone: _____ / _____ / _____
(Home) (Work) (Cell)

Email: _____ SSN: _____

College Attended: _____ Degree: _____

Certified to teach? Yes No In What state? _____

Grade/Age Level Preferred: _____ Days Available (circle) M T W T F Beginning Date: _____

Position(s) Requested: Classroom (Teaching) _____ Office _____ Both _____

Does your health limit physical activities necessary for teaching or for effective classroom communication?
 Yes No (If yes, please explain separately and attach to this application)

Have you ever been convicted of a felony or a misdemeanor other than a traffic offense?
 Yes No (If yes, please explain separately and attach to this application)

Experience:

Dates	Place of Employment	Position Held

References (Professional and Personal):

1. _____
Name Title Telephone: School Home

Street City State Zip

2. _____
Name Title Telephone: School Home

Street City State Zip

3. _____
Name Title Telephone: School Home

Street City State Zip

Equal Employment Opportunity Statement:

Atlanta Montessori Academy does not discriminate against any employee on the basis of sex, race, national origin, age, height, weight, marital status, or handicap/disability unrelated to the employee's ability to perform his/her job.

Atlanta Montessori Academy contracts professional employees on a year to year basis only.

Applicant Verification and Release Statement:

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with Atlanta Montessori Academy, or if hired, I may be discharged upon discovery of such false statement(s) or omission(s).

I further understand that my employment with Atlanta Montessori Academy is subject to a reference/background check. I hereby authorize Atlanta Montessori Academy to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed reference(s) or any other person(s) who can verify any information submitted to Atlanta Montessori Academy in support of my application for employment. I hereby waive any right that I may have against any person contacted by Atlanta Montessori Academy, including former employers who provide information concerning this application and I release each said person from liability for providing information.

Applicant's Signature

Date