



APPLICATION FOR EMPLOYMENT

First Name	Middle Initial	Last Name
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Permanent Address _____

Street	City	State	Zip
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Email Address _____ Phone Number _____

Social Security # _____ Driver's License # _____

Have you ever applied to work for or been employed by Montessori Educational Centers? Yes ___ No ___ If yes, when and when _____

Why did you leave? _____

Position applying for? _____ Age group preferred _____

of hours desired per week _____

Hours available to work _____ a.m. /p.m. to _____ a.m./p.m.

Are you available to work everyday, Monday through Friday? Yes ___ No ___

If no, please explain _____

What date are you available to work? _____

Can you legally work in the U.S.? Yes _____ No _____
(Proof of citizenship or immigration statues will be required upon employment.)

Have you been convicted of any crimes in the past ten years, which has not been annulled, expunged or sealed by a court? If yes, please describe in full.

Previous Montessori Training: _____

Any certifications you may hold (first aid/CPR): _____

On my own and at my own expense, I understand that I will be required to complete the following:

- Have the DHHS Health Information Report Completed within **30** days of employment. Yes _____ No _____
- Gain CPR and First Aid within **90** days of employment. Yes _____ No _____
- Complete 12 hours of annual in-service training. Yes _____ No _____

EDUCATION		
High School	Name	
	Location	Did you graduate? _____
College: Undergrad	Name	
	Location	# of years attended
	Degree	Course of Study
College: Postgrad	Name	
	Location	# of years attended
	Degree	Course of Study
Other: Montessori, trade, tech.	Name	
	Location	# of years attended
	Certificate/Diploma	Course of Study

REFERENCES		
List 3 professional references . Please do not give relatives.		
NAME	RELATIONSHIP TO APPLICANT	PHONE OR E-MAIL
1.		
2.		
3.		

EMPLOYMENT HISTORY (starting with the most recent position)		
1	Company Name	Telephone
	Address	Dates of Hire From: _____ To: _____
	Job title and description of your work	Wage Start _____ End: _____
	Reason for leaving	Name of Supervisor
2	Company Name	Telephone
	Address	Dates of Hire From: _____ To: _____
	Job title and description of your work	Wage Start _____ End: _____
	Reason for leaving	Name of Supervisor
3	Company Name	Telephone
	Address	Dates of Hire From: _____ To: _____
	Job title and description of your work	Wage Start _____ End: _____
	Reason for leaving	Name of Supervisor
4	Company Name	Telephone
	Address	Dates of Hire From: _____ To: _____
	Job title and description of your work	Wage Start _____ End: _____
	Reason for leaving	Name of Supervisor

In order to finish your application, please complete the following attached forms required by the Department of Health and Human Services (DHHS):

- 1) DHHS Consent and Authorization for Release of Information Form;
- 2) DHHS Law Enforcement Contact Form; and

PLEASE READ CAREFULLY
APPLICANT CERTIFICATION, AGREEMENT AND RELEASE

I, _____ (print your name), understand that any false answers or statements made by me on this application or any supplement thereto, or any false statements made to the representative of the company during the interview process, will be sufficient grounds for immediate discharge, no matter when discovered.

I have read and agree to the preceding Application Certification, Agreement and Release and further understand and agree that a copy of this Certification, Agreement and Release shall be as valid as the original.

Applicant Signature

Date

Thank you for applying with Montessori Educational Centers.