

Name _____



Montessori Educational Centers Inc.

WHERE CHILDREN LEARN TO LOVE TO LEARN

12344 Pacific Street Omaha, Nebraska 68154 402-393-1311
www.OmahaMontessori.com

Thank you for your interest in working at our Company. We appreciate your application and interest in joining Montessori Educational Centers, Inc.

Please complete the attached application, authorization for release of information forms and the Department of Social Services Background Check. Please print all information so it may be easily read. Be certain all forms are completely filled out and signed. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. **Incomplete applications will not be considered.** If you have any questions, please ask!

Your application will remain active in our files for a period of 60 days. If an appropriate opening occurs, your application will be reviewed along with others. It is not necessary for you to contact us regarding any job openings after you have completed your application. If you are among the most qualified applicants for a position, we will contact you and an interview will be arranged. Please notify us in writing if your address or telephone number changes.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, work experience and other factors that are relevant in determining job performance. Credentials and experience will be verified through schools, former employers and licensing/certifications agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental ability or age (as defined by law).

Law requires us to submit your name for a criminal conviction history check, which will be completed from the application.

MEC is a smoke-free workplace. No smoking is allowed in any building or on any property owned by MEC.

We appreciate your cooperation.

Application Date	First Interview Date	Second Interview Date	Other Contacts	
REFERENCES		Date Sent	Person Contacted	Received
	1			
	2			
	3			
Start Date	Location	Hours	Wage	Paperwork
Comments				

APPLICANT'S RELEASE OF EMPLOYMENT RECORDS

I, _____ (print your name), hereby authorize Montessori Educational Centers, Inc., to investigate all facts contained in my application for, or my current employment with said company, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employers to give any and all information concerning my employment and any other pertinent information which said employers may have, personal and otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release will be as valid as the original.

Dated: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

APPLICANT'S RELEASE OF EMPLOYMENT RECORDS

I, _____ (print your name), hereby authorize Montessori Educational Centers, Inc., to investigate all facts contained in my application for, or my current employment with said company, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employers to give any and all information concerning my employment and any other pertinent information which said employers may have, personal and otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release will be as valid as the original.

Dated: _____

Applicant Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

PLEASE READ CAREFULLY
APPLICANT CERTIFICATION, AGREEMENT AND RELEASE

PLEASE PRINT

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.

While we expect our relationship to be mutually beneficial, it should be recognized that employment with Montessori Educational Centers, Inc. is not for a specific term and can be terminated by yourself or by the Company at any time, with or without cause. We request that all employees, to the extent possible, give us advance notice if they intend to resign. (A contract by the Company supersedes this statement.)

I understand that the Company may make a thorough investigation of my character, reputation and past employment history. I authorize the giving and receiving of any such information requested by the Company (including criminal, financial and credit records) and hereby release all former employers, investigative agencies or bureaus and their agents of any liability for any information they may give to the Company or its agents or employees, arising out of, or resulting from release, authorized or unauthorized, of the information received pursuant to or in connection with the Company's handling, processing, or investigation of my application with the Company.

I agree that if I am employed by the Company, in the future some potential employer may contact the Company or its representatives concerning my work performances at the Company. I hereby consent to and authorize persons employed by the Company to divulge any and all information they consider relevant to any people representing themselves to be an employer or potential employer of mine with respect to my work record and/or performance of my job at the Company. I understand that all information provided herein is public record and is subject to review upon request.

I understand and voluntarily agree that if hired, I will complete all educational courses and take all tests required by the Company or local, state or federal law or regulation and that failure to complete such courses or take such tests when requested may result in my immediate dismissal.

I further understand that my continued employment may be conditioning to meet job-related physical and mental requirements.

I understand and agree that if hired, in the performance of my duties as an employee of Montessori Educational Centers, Inc. I must hold in confidence any and all information that I come in contact with regarding my employer or its business. I understand that if hired I will be considered an employee at will and nothing herein shall be construed as a contract of employment.

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

First Name Middle Initial Last Name
Permanent Address _____
Street City State Zip

Phone Number _____ Social Security # _____

Are you at least 16 years of age? Yes _____ No _____

Email Address _____

Have you ever applied to work for or been employed by Montessori Educational Centers, Inc.
Yes _____ No _____

If yes, when and where? _____

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 _____

When will you be available to work? _____

Can you legally work in the U.S.? Yes _____ No _____

(Proof of citizenship or immigration statues will be required upon employment.)

Previous Montessori Training: _____

Any certifications you may hold: _____

I have current: a. CPR Training Yes _____ No _____

b. First Aid Training Yes _____ No _____

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

a. Have the DSS Health and Information Report (urinalysis and blood pressure check) completed by the proper medical personnel within **30** days of employment. Yes _____ No _____

b. Gain CPR and First Aid within **90** days of employment Yes _____ No _____

c. Complete 12 hours of annual inservice training Yes _____ No _____

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

LIST THREE PROFESSIONAL REFERENCES (PLEASE DO NOT GIVE RELATIVES)

NAME	ADDRESS	CITY, STATE, ZIP	PHONE

Are you currently abusing drugs or alcohol? Yes _____ No _____

Have you ever been convicted of a criminal offense? Yes _____ No _____ If yes, please state the nature of the offense, where the offense occurred, date and sentence imposed:

Describe your experiences with children: _____

Please give accurate, complete full-time and part-time employment record. Start with your most recent employer.

1	Company Name	Telephone
	Address	Dates of Hire From: _____ To: _____
	State 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: _____
	State 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: _____
	State 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: _____
	State job title and description of your work	Wage Start _____ End: _____
	Reason for leaving	Name of Supervisor

Are there any other experiences, skills or training which you feel would qualify you for work with Montessori Educational Centers, Inc.?

What do you feel will be your greatest strength in being successful in the position? _____
