



**APPLICATION FOR EMPLOYMENT**

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

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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 <b>3 professional references</b> . Please do not give relatives.		
NAME	RELATIONSHIP TO APPLICANT	PHONE OR E-MAIL
1.		
2.		
3.		

<b>EMPLOYMENT HISTORY</b> <b>(starting with the most recent position)</b>		
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.**