



Montessori Children's House, Inc.

Employment Application

Full Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Are you legally authorized to work in the United States? Yes No

Are you 18 years old or older? Yes No

If not, please give your date of birth: _____

What position are you applying for? _____

If you are hired, when can you start work? _____

EDUCATION

High School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? Yes No Date of graduation: _____

Trade School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

College

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

What degree did you earn? _____

Graduate School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

What degree did you earn? _____

Other

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

What degree did you earn? _____

EMPLOYMENT HISTORY

Beginning with your most recent employment and working back in time, please give the following information:

Employer 1

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 2

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 3

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please provide the names of two references who have not employed you and are not related to you.

Reference 1

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Reference 2

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

ADDITIONAL QUALIFICATIONS

Please tell us about any other training, education, skills or achievements that you feel should be considered.

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Date: _____

Applicant's Signature: _____