



Application for Employment

Full Name				Date
Last	First	Middle Initial		
Address				Phone Number
Street Address	City	State	Zip Code	()
Email Address				

Availability (Columbia Montessori School is open 7 am – 6 pm Monday – Friday)				
Monday	Tuesday	Wednesday	Thursday	Friday
Date Available to Begin Work		# of Desired Hours	Special availability (during summer, holidays, etc.)	
Month	Day	Year		
Position Applying For		Class/Age Preference	Are you applying for:	
			<input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Both/Any	

Education			
High School	Location (City/State)	Yr Graduated	G.P.A.
College/University	Major/Field of Study		
Location (City/State)	Dates attended (Mo/Yr)	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.P.A.

Skills
Please list any special skills or qualities you believe will make you successful in the child care field.
Please list any specific training or experience in Montessori philosophy.



Background (if "yes" to any questions below, attach a separate sheet of paper with a brief explanation of event)		
Have you ever been arrested for or charged with a crime involving a child?	Yes	No
Have you ever been convicted of a felony or misdemeanor?	Yes	No
Have you ever been convicted of a crime involving violence to another person?	Yes	No
During the last 5 years, have you been fired or laid-off from a job?	Yes	No
Are you now under charges for any violation of law?	Yes	No
Are you 18 years of age or older?	Yes	No

Employment History (Begin with most recent employer)		
Employer Name	Location (City/State)	Employment dates (Mo/Yr)
Position(s) Held	Supervisor Name	Supervisor Phone Number ()
Ending Wage	Reason for Leaving	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	Location (City/State)	Employment dates (Mo/Yr)
Position(s) Held	Supervisor Name	Supervisor Phone Number ()
Ending Wage	Reason for Leaving	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	Location (City/State)	Employment dates (Mo/Yr)
Position(s) Held	Supervisor Name	Supervisor Phone Number ()
Ending Wage	Reason for Leaving	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

References (No relatives. Do not use someone already listed on this application.)			
Name	Phone Number ()	Relationship	# Yrs. Known
Name	Phone Number ()	Relationship	# Yrs. Known
Name	Phone Number ()	Relationship	# Yrs. Known

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Signature

Date