



Foundation Academy Montessori Employment Application

Prospective employees will receive consideration without discrimination of race, color, religion, sex, or any other status protected by law in employment decisions.

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Last Name	First	Middle	Date
Present Address			Home Telephone ()
How long have you lived at above address?			Mobile Telephone ()
Previous Address			How long?
Email Address			SSN
Place of Birth			Date of Birth
Marital Status			Number of Children
Race			Sex
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, do you have a legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Desired			
Hours Available		Days/Evenings Available	
Salary Expected		Date Available	
Emergency Contact: Name		Address	Emergency Contact: Phone
Affiliation with Professional Organizations:			

Special Talents:			
_____ Music	_____ Drama	_____ Dance	
_____ Arts/Crafts	_____ Painting	_____ Foreign Language	
Other _____			
Please List Any Physical or Health Problems (Including Allergies):			

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School	Name and Address of School	Course of Study	Years Attended		Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			From	To	5	6	7	8		
Elementary									<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	
High									<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	
College									<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	
Other (Specify)									<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	

MONTESSORI TRAINING

1

Name _____

Address _____

Diploma/Certification _____ Date Received _____

2

Name _____

Address _____

Diploma Certification _____ Date Received _____

ADDITIONAL TRAINING AND/OR CERTIFICATIONS

PAST AND PRESENT EMPLOYMENT, BEGINNING WITH MOST RECENT

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Monthly Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Monthly Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Monthly Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving

M I L I T A R Y	Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what Branch?
	Describe any training received relevant to the position for which you are applying.	

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May we contact the employers listed above? [] Yes [] No

If not, please indicate those you do not want us to contact.

In the last 5 years, have you been fired from a job? [] Yes [] No

Are you currently unemployed? [] Yes [] No If yes, indicate month and year unemployment began:

Have you ever been convicted of a crime? [] Yes [] No If yes, please state the charges for which you were convicted:

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Please Attach: Teaching Credentials and Two Character References

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your determination.

Signature of Applicant

Date