



Springfield Montessori School

Date: _____

APPLICATION FOR EMPLOYMENT

How did you learn about the Springfield Montessori School? (select all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Employee Referral | |
| <input type="checkbox"/> Advertisement | Name: _____ | |

PERSONAL

Name: _____
Last First Middle

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Social Security Number: _____

Position you are applying for: Full Time Part Time Student Intern

GENERAL INFORMATION

- YES NO Are you legally authorized to work in the United States?
- YES NO Will you now or in the future require sponsorship for employment visa status?
- YES NO Are you under 18 years of age? If yes, can you provide proof of eligibility to work?

EDUCATION

High School: _____ City, State: _____

From: _____ To: _____ Did You Graduate? Yes No

College: _____ City, State: _____

From: _____ To: _____ Did You Graduate? Yes No Degree: _____

Graduate School: _____ City, State: _____

From: _____ To: _____ Did You Graduate? Yes No Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did You Graduate? Yes No Degree: _____

EMPLOYMENT HISTORY**Current Employer:** _____ Dates of Employment: _____

Address: _____

Your Title: _____ Hourly/Monthly rate: _____

Job Description: _____

Reason for Leaving: _____

Supervisor's Name / Title: _____ Telephone: _____

Employer: _____ Dates of Employment: _____

Address: _____

Your Title: _____ Hourly/Monthly rate: _____

Job Description: _____

Reason for Leaving: _____

Supervisor's Name / Title: _____ Telephone: _____

Employer: _____ Dates of Employment: _____

Address: _____

Your Title: _____ Hourly/Monthly rate: _____

Job Description: _____

Reason for Leaving: _____

Supervisor's Name / Title: _____ Telephone: _____

REFERENCES*Please provide the names of three references. If possible, please include one past supervisor.*

NAME	POSITION	PHONE NUMBER	YEARS KNOWN



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I give the Employer the right to investigate all references and to secure additional information about me, if job- related. Furthermore, I give the Employer the right to verify any educational reference given in this application. I hereby release from liability the Employer and its representatives for seeking such information and all other corporations, educational institutions, or organizations for furnishing such information.

_____ **Initial here**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

_____ **Initial here**

In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

_____ **Initial here**

I understand that just as I am free to resign at anytime, the Employer reserves the right to terminate my employment at any time, with or without cause, and without prior notice.

_____ **Initial here**

Signature of Applicant: _____ **Date:** _____