

Livingston Montessori School

620 W Noblitt Street Livingston, TX 77351

936-329-8600 FAX 936-329-8602

livingstonmontessori.com

Date: _____

Position Applied for _____

APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Address: _____
City State Zip

Home # Cell # Social Security Number Driver's License # Birth Date

Referral Source Advertisement Friend Relative Walk-In Employment Agency Other _____

If employed and you are under 18:

Can you furnish a high school diploma? yes no

Are you enrolled in a child care related career program? yes no

Name of program: _____

Have you filed an application here before? yes no

Are you employed now? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

yes no

On what date would you be available for work? _____

Are you available to work full time part-time flexible hours temporary

Have you been convicted of a felony or misdemeanor? no yes

If yes, please explain _____

May we have permission to do a criminal records check? yes no

Note: All new employees will have to pass a criminal history/fingerprint background check and will be responsible for the cost of the first check.

Summarize special skills and qualifications acquired from employment or other experience that may be helpful in considering your application. (i.e. First Aid, CPR, previous fingerprint check)

EDUCATION

Jr. High Senior High College/University Graduate School

School Name _____

Years Completed (circle) 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Diploma/Degree _____

Major Area of Study _____

Describe specialized training and skills: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer: _____ Date Employed To: _____ From: _____

Address: _____ Telephone: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Work Performed: _____

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Address: _____ Telephone: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Work Performed: _____

Employer: _____ Date Employed To: _____ From: _____

Address: _____ Telephone: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Work Performed: _____

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand also that I am required to abide by all rules and regulations of Livingston Montessori School.

SIGNATURE OF APPLICANT: _____