Montessori Children's House APPLICATION FOR EMPLOYMENT

PERSONAL INF	-ORM	AHON										
Name:					Date:							
Address:					Mailing (if different)							
Email:									Last 4 SS#			
Cell Phone #					Home Phone #							
EMPLOYMENT	DESI	PED		•								
Position:	DLGI	NED										
Date you can start:					Wage Desired:							
Are you employed now?					May we contact your employer?							
EDUCATION:												
School				Grad		ated	Major Subjects			G	PA	
High School					ΥN							
College/University					Y	N				+		
FORMER EMPL	OYE	RS: List the last two employers,	, starting with _l	prese	ent or n	nost re	cent. NC	TE: Former en	nployers may be called	<u>t</u>		
Date Mo & Year	Nan	ne Address & Phone #	Wage		Position		Reason For Le	Reason For Leaving		Permission to Call		
From: To:			\$ Per:							N		
From: To:			\$ Per:							N		
REFERENCES:	Give th	ne names of two persons not rel	ated to you w	hom	vou ha	ve kno	wn at le	act ONE year				
Name		Address & Phone #			Business				Years Acquainted	ed Permission to Call		
1.										Y	N	
2.										Y	N	
OTHER INFOR	MATIC	NI.										
		EN CONVICTED OF A FELONY	? YES NO									
	4EDO	ENOV NOTICY.										
		ENCY, NOTIFY:										
NAME:PHONE ADDRESS:RELATIO						=: () DNSHIP:						
FACTS IS CAUSE FO	OR DISN	ON OF ALL STATEMENTS CONTAIN MISSAL. I ALSO UNDERSTAND THA TIS SUBJECT TO A 90 DAY PROBA EMPLOYER, BE TERN	AT PASSING A (TIONARY PERI	CRIM IOD, I	IINAL RE	CORD:	S CHECK H TIME M	IS REQUIRED. I Y EMPLOYMEN	FURTHER, I UNDERSTAN	ND AND	AGREE	
SIGNED:					DATE:							