## **EMPLOYMENT APPLICATION**

## EARLY WORLD MONTESSORI CHILDREN'S SCHOOL

NURTURING CHILDREN & ENRICHING FAMILIES

# PERSONALS

			TODAY'S DATE
LAST NAME	FIRST NAME	MI	-
STREET ADDRESS			HOME TELEPHONE
			-     ()
CITY	STATE	ZIP	BUSINESS PHONE
l .	FOR EMPLOYMENT WITH US? IF YES: MONTH AND YEAR		.   ()
POSITION DESIRED:			SOCIAL SECURITY NO.
ARE YOU AVAILABLE FOR I	FULL TIME WORK?		\$
IF NO: WHAT SHIFT HOURS	OR DAYS ARE YOU AVAILABLE:		PAY EXPECTED  WHEN WILL YOU BE AVAILABLE TO BEGIN
ARE YOU LEGALLY ELIGIB	LE FOR EMPLOYMENT IN THE UNIT	ΓED STATES?	WORK?

## EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	GRADUATED	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS TRADE OR TECHNICAL					
HIGH SCHOOL					

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. COMPANY NAME TELEPHONE EMPLOYED (MONTH AND YEAR) **ADDRESS** FROM: TO: **SALARY** LAST NAME OF SUPERVISOR START REASON FOR LEAVING: STATE JOB TITLE AND DESCRIBE YOUR WORK 0 **COMPANY NAME** TELEPHONE EMPLOYED (MONTH AND YEAR) **ADDRESS** FROM: TO: SALARY NAME OF SUPERVISOR START LAST REASON FOR LEAVING: STATE JOB TITLE AND DESCRIBE YOUR WORK **COMPANY NAME TELEPHONE** EMPLOYED (MONTH AND YEAR) **ADDRESS** FROM: TO: SALARY NAME OF SUPERVISOR LAST START REASON FOR LEAVING: STATE JOB TITLE AND DESCRIBE YOUR WORK We may contact the employers listed above unless **DO NOT CONTACT** you indicate those you do not want us to contact. Employer(s) AGREEMENT: (Please read the following statements carefully) I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may be considered justification for dismissal if discovered at a later date. I understand that the first 90 days of my employment will be considered a probationary period and that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the director or owner of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continue employment. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Date

Signature

# T R A I N I N G

ALL NEWPORT	CHILDREN'S SO	CHOOLS, INC	. LOCATIONS	ARE LICENSED	BY THE S	STATE OF
WASHINGTON						

TO BE ELIGIBLE TO WORK IN A DAY CARE CENTER ALL EMPLOYEES MUST MEET STATE O F WASHINGTON REGULATIONS.

### PLEASE PROVIDE INFORMATION BELOW:

1.	ARE YOU AT LEAST 18 YEARS OF AGE?	YES	NO
2.	DO YOU HAVE CURRENT FIRST AID TRAINING?	YES	NO
3.	DO YOU HAVE CURRENT INFANT/CHILD CPR TRAINING?	YES	NO
4.	HAVE YOU HAD A RECENT TB TEST?	YES	NO
5.	HAVE YOU HAD HIV/AIDS TRAINING?	YES	NO
6.	HAVE YOU HAD ANY STARS TRAINING? (State Training And Registry System)	YES	NO
7.	IF YES—HOW MANY HOURS OF TRAINING DO YOU HAVE?		
	EASE LIST BELOW ANY TRAINING OR EDUCATION THAT YOU MAY FEI OYMENT WITH US.	EL IS RELEVANT	`TO EM-

## REFERENCES

NAME	ADDRESS & PHONE NUMBER	TITLE OR RELATIONSHIP
1		
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3		
4		

## THIS PAGE TO BE COMPLETED BY SCHOOL

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