



**AMERICAN MONTESSORI**

Burnsville  
13973 W. Preserve Blvd.  
Burnsville, MN 55337  
952-736-1004 Enrollment Line  
952-277-0011 Parents Hotline  
952-736-8430 Fax

Apple Valley  
14401 Pilot Knob Road  
Apple Valley, MN 55124  
952-736-1004 Enrollment Line  
952-423-4777 Parents Hotline  
952-736-8430 Fax

**WWW.AMERICANMONTESSORI.COM**

**EMPLOYMENT APPLICATION – UPDATE 1/18**

It is the policy of American Montessori to provide employment and all conditions of employment without regard to race, color, religion, national origin, sex, age, ancestry, sexual orientation, and to qualified individuals with disabilities.

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Day) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Educational Information**

	Name and Location	Did U Graduate?		Major Courses or Degree
		Yes	No	
High School				
College				
Graduate School				
Tech/Business School				
Other Training				

Special qualifications, skills and licenses (for example: CPR or First Aid): \_\_\_\_\_

**Employment Information**

Dates(including month & yr)	Name & Address - Employer	Name of Supervisor and Your Title	Rate of Pay	Reason for Leaving
From:			Starting \$ _____ per _____	
To:			Final \$ _____ per _____	
Describe major duties:				

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To:			Final \$ _____ per _____	
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To:			Final \$ _____ per _____	
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From:			Starting \$ _____ per _____	
To:			Final \$ _____ per _____	
Describe major duties:				

May we contact the employers listed above? \_\_\_\_\_  
 If not, indicate which one(s) you do not wish us to contact. \_\_\_\_\_

**References**

Name	Telephone Number	Title/Relationship

**Other Questions**

Have you ever been convicted of a crime? If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

Are you aware of any reason that makes you ineligible to work with children? \_\_\_\_\_  
 \_\_\_\_\_

Are you legally entitled to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Certification**

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me may, at the discretion of American Montessori, disqualify me from employment, or cause my dismissal. I hereby authorize American Montessori to make a thorough investigation of my past employment and activities. I release from all liability American Montessori, former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be construed to constitute, a contract of employment. I also allow American Montessori to run the required DHS background study.

Signature: \_\_\_\_\_ Date \_\_\_\_\_