



5 Park Hill Road
Kalispell, MT 59901
phone: 755-3824
fax: 755-7234

Application for Employment

We are an Equal Employment Opportunity Employer. We do not discriminate on the basis of sex, race, religion, national origin, age, disability, citizenship status, marital status or veteran status.

Woodland Montessori School

Last Name		First Name	Middle	Date of Application
Present Street Address		City/ST/Zip		How long at this address?
Former Street Address		City/ST/Zip		How long at this address?
Home Phone	Business Phone	E-Mail Address		Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at your present job? If yes, the best time to call:			Date available for Work:	
I am applying for employment on a: <input type="checkbox"/> Full-Time Basis <input type="checkbox"/> Temporary Basis <input type="checkbox"/> Part-Time Basis <input type="checkbox"/> Seasonal Basis		Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk In <input type="checkbox"/> Employee <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Private Employment Agency		
Type of position desired?			Starting pay desired?	
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? What position?				
Is there any essential function of the job for which you are applying that you are unable to perform? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Do you have any restrictions on working overtime or working on any particular day or time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:				
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully. This information will not necessarily bar an applicant from employment.				

Experience

Beginning with your present or last position, list the last three jobs you have held, including a summary of major duties. If you have a resume, please attach it.

Name of Company		Type of Business		
Address				Phone
Dates Employed	Starting Title	Last Title	Starting Salary	Final Salary
From: To				
Name of Supervisor:		Reason for leaving:		
Brief description of duties:				

Name of Company		Type of Business		
Address				Phone
Dates Employed	Starting Title	Last Title	Starting Salary	Final Salary
From: To				
Name of Supervisor:		Reason for leaving:		
Brief description of duties:				

Name of Company		Type of Business		
Address				Phone
Dates Employed	Starting Title	Last Title	Starting Salary	Final Salary
From: To				
Name of Supervisor:		Reason for leaving:		
Brief description of duties:				

Summarize prior relevant experiences and fill in periods of unemployment or periods not accounted for above. Use the back of this page or a separate sheet, if needed.

References

Please list complete contact information for three employment references.

Name		
Mailing Address (City, Street, State, Zip)		
Business Phone	Home/ Cell Phone	Email

Name		
Mailing Address (City, Street, State, Zip)		
Business Phone	Home/ Cell Phone	Email

Name		
Mailing Address (City, Street, State, Zip)		
Business Phone	Home/ Cell Phone	Email

Certification

Please read carefully before signing below.

I certify that the statements made and the information provided in this application are true, correct and complete to the best of my knowledge. I understand that any false statement, in any detail, on or regarding this application will be considered sufficient to disqualify me from consideration for employment or if I am employed, dismissal, no matter when discovered.

I agree that, if hired, I will conform my conduct to the policies, rules, regulations and procedures of Woodland Montessori School. *I FURTHER UNDERSTAND THAT MY EMPLOYMENT SHALL BE FOR NO DEFINITE PERIOD AND MAY BE TERMINATED BY WOODLAND MONTESSORI SCHOOL OR BY ME AT ANY TIME WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE, UNLESS MY EMPLOYMENT IS COVERED BY A WRITTEN CONTRACT SIGNED BY THE ADMINISTRATOR OF WOODLAND MONTESSORI SCHOOL THAT SPECIFICALLY PROVIDES OTHERWISE.* I also understand that any Woodland Montessori School manuals or handbooks which may be provided to me during the course of my employment shall not be construed as a contract.

I understand that any offer of employment may be contingent on my submission to a medical examination (including a drug test). I understand that the results of such an examination will be kept confidential. I further understand that as a condition of my continued employment, I may be required to submit to additional examinations or drug tests from time to time.

Finally, I understand that during the course of my employment with Woodland Montessori School, I may become aware of certain confidential business information, including plans, procedures, methods, customer information, designs, financial information, trade secrets and the like. I hereby acknowledge and recognize Woodland Montessori School as the exclusive owner of such confidential business information, and I will not at any time disclose such information to persons not employed by Woodland Montessori School unless I secure the prior written consent of the Administrator of the Woodland Montessori School.

Printed Name of Applicant

Signature of Applicant

DATE: _____

INTERPRETER'S STATEMENT (if applicable)

I, _____ state that I interpreted the foregoing from English into
_____ for this applicant and that the applicant stated he/she understood.

Interpreter's Signature

Date: _____

Authorization for Release of Information

Date: _____

I authorize the officers or employees of any former employer to furnish a complete history of my employment with their organization together with any information they may have regarding my personal character, habits, ability, earnings, and the reason for leaving their employ. I further authorize any law enforcement agency, administrator, State agency, educational institution or private information bureau that has any record or knowledge of my employment history, motor vehicle operation history, criminal record, education, credit or other history or record to provide that information upon receipt of this signed release. A telephone facsimile (FAX) or photographic copy of this authorization shall be considered as valid as the original.

In consideration of complying with this request, I hereby release the responding organization, its officers, agents and employees for any and all liability for any damages which may, at any time, result from their response to this request for information.

(According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information contained by a prospective employer from a Consumer Reporting Agency. I will be so advised and upon my written request, be given the name of the agency or source of information.)

Printed Name of Applicant

Full Name of Applicant Signed in Ink

INTERPRETER'S STATEMENT (if applicable)

I, _____ state that I interpreted the foregoing from English into _____ for this applicant and the applicant stated he/she understood.

Interpreter's Signature

Date: _____