

Bilingual Montessori School Employment Application Form

Applying for: ____ School Year ___ Summer

Please mail completed application to:

115 Longview Dr.

505-672-1800

Los Alamos, NM 87544

Name				
		t First Middle Maiden		
Present Address				
	Numl	ber Street City State Zip		
Telephone: Home (Cell (
E-mail:				
Birth Date		Social Security N	[o	
Are you under age 16	_ YES NO?			
If "YES," can you provide	e proof of your eligit	bility to work?YE	SNO	
Are you currently authorized if hired.)	zed to work in the U	nited States? YE	SNO (Proof of	eligibility will be
Do you speak English		? Do you speak Span	ish	:
Position applied for:		How many hours ca	n you work weekly?	
Days / Hours available toMon		Wod	Thus	Eu:
NOII	rue	wea	I nur	FII
Employment desired:	Full-Time Only _	Part-Time Only		
When will you be availab	le to start work?			
Have you ever been converthe job for which you are		•	ed to the functions or	qualifications of
If "YES," please explain				

EDUCATION: Schools / Colleges Attended: # Years Year Gr	
	: Start with your present or most recent position explain gaps in employment history (less than one month
Employer:	
Job Title:	Job Supervisor:
Dates of Employments From:(mo./yr.)	To:(month/yr):
Street Address:	
City / State / Zip:	Telephone:
	shments:
For office use only: Verified By: (signature required) Date: Notes:	
Employer:	
Job Title:	Job Supervisor:
Dates of Employments From:(mo./yr.)	To:(month/yr):
Street Address:	
City / State / Zip:	Telephone:
Describe Duties / Responsibilities / Accompli	shments:

Reason for Leaving:				
For office use only: Verified By: (signature required) Date: Notes:				
Dates of Employments: From	To			
Employer:				
Job Title:	Job Supervisor:			
Dates of Employments From:(mo./yr.)	To:(month/yr):			
Street Address:				
City / State / Zip:	Telephone:			
Describe Duties / Responsibilities / Accomplishments:				
Reason for Leaving:				
For office use only: Verified By: (signature required) Date: Notes:				
REFERENCES : Please list two personal and Name:				
Relationship / Position:				
Street Address:				
How long have you know the person / Position	on:			
City / State / Zip:	Telephone:			
Name:				

Relationship / Position:	
Street Address:	
How long have you know the person / Position:	
City / State / Zip:Te	lephone:
Name:	
Relationship / Position:	
Street Address:	
How long have you know the person / Position:	
City / State / Zip:Te	lephone:
Montessori School to investigate any information contained in the qualifications. I understand that this application is not and not in agreement In the event of employment; I understand that any fall application, correspondence, discussions or interview may result also, that I am required to abide to all rules, regulations, and polential print name	tended to be any kind of contract or se or misleading information given in my t in my immediate termination. I understand
Signed	Dated
OFFICE USE ONLY: Arrange Interview: YES NO Date: Position Applying for: Remarks:	Staff Volunteer