



Application for Employment

Applicant's Information										
Full Name:										
Permanent Address:										
Email Address:										
Phone Number:										
Driver's License Number:										
Social Security Number:										
Applicant's Availability (Check All That Apply)										
	Mon		Tues		Wed		Thur		Fri	
	Full Time					Part Time				
	7:00 am to 6:00 pm					_____ to _____				
Date Available to Start										
	____/____/____					As Soon As Possible				
Desired Age Group										
	Infant				Toddler			Primary		

Can you legally work in the United States? Yes No

(Proof of citizenship or immigration will be required upon hire.)

Are you 18 years of age or older? Yes No

Do you have a high school diploma or equivalent? Yes No

Have you ever been convicted of a crime other than a minor traffic violation?

If yes, please explain and give dates and jurisdiction of conviction:

Education/Certification/Training			
Name	Location	Years Attended	Degree Earned

Employment History (Starting With The Most Recent)

Employer Name:	
Employer Address:	
Phone Number:	
Job Title:	
Wage:	
Supervisor:	
May We Contact?	
Dates Employed:	
Reason For Leaving:	
Employer Name:	
Employer Address:	
Phone Number:	
Job Title:	
Wage:	
Supervisor:	
May We Contact?	
Dates Employed:	
Reason For Leaving:	
Employer Name:	
Employer Address:	
Phone Number:	
Job Title:	
Wage:	
Supervisor:	
May We Contact?	
Dates Employed:	
Reason For Leaving:	
Employer Name:	
Employer Address:	
Phone Number:	
Job Title:	
Wage:	
Supervisor:	
May We Contact?	
Dates Employed:	
Reason For Leaving:	

Please explain any lapses in employment:

Professional References			
Name	Relationship to Applicant	Phone	Email

I certify that my responses are true and complete to the best of my knowledge. If this application leads to employment with Cornerstone Montessori, LLC, I understand fully that false or misleading information in my application or interview may result in my termination.

I acknowledge that any employment offer with Cornerstone Montessori, LLC will be contingent upon the outcome of the applicable reference, registry and criminal background checks.

I understand that I will be required to complete the following:

- DHHS Health Information Report
- Report of Law Enforcement Contact
- Pediatric CPR/First Aid
- Safe With You
- 12 hours of annual in-service training, including Early Learning Guidelines

I understand that if I leave employment prior to the end of any probationary period, I am required to repay Cornerstone Montessori, LLC the cost of my training up to the amount of \$250.00.

Printed Name: _____ Date: _____

Signature: _____

Cornerstone Montessori, LLC is an equal opportunity employer and does not discriminate.