

Employment Application

		Appl	icant Ir	nforma	ation			
Full Name:						Date:		
	Last	First				M.I.		
Address: Street Address							Apartment/Unit ‡	ŧ
							,	
	City					State	ZIP Code	
Phone:			E	mail				
Date Availa	ocial Security	No.:	Desired Salary:					
Position App	plied for:							
Are you a ci	tizen of the United States?	YES	NO	If no, a	are you	authorized to w	YES vork in the U.S.?	NO
Have you ever worked for Southlake Montessori? YES			NO	If yes,	when?_			
Have you e	ver been convicted of a felo	YES ony?	NO					
If yes, expla	iin:							
			Educa	ation				
High Schoo	l:	A	\ddress:_					
From:	To:	_ Did you gra	aduate?	YES	NO	Diploma::		
College:	Address:_							
From:	To:	Did you graduate?		YES	NO	Degree:		
Other:			\ddress:_					
From:	To:	Did you gra	aduate?	YES	NO	Degree:		

References Please list three professional references. Relationship: Full Name: Company: Phone: Address: Relationship: Full Name: Phone: Company: Address: Relationship: Full Name: Company: Phone: Address: Previous Employment Company: Phone: Supervisor: Address: Starting Salary: Ending Salary:\$ Job Title: Responsibilities: _____ To:___ Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference? Company: Phone: Supervisor:_____ Address: Ending Salary:\$_____ Starting Salary:\$ Job Title: Responsibilities: _____ To:____ Reason for Leaving:_____ From: YES NO May we contact your previous supervisor for a reference? П

Company:	Phone:				
Address:	Supervisor:				
Job Title:	Starting Salary: \$ Ending Salary: \$				
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous supervisor for a re	YES NO ference?				
	Military Service				
Branch:	From: To:				
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
	claimer and Signature				
I certify that my answers are true and complete	e to the best of my knowledge.				
If this application leads to employment, I under interview may result in my release.	rstand that false or misleading information in my application or				
Signature:	Date:				
	N FOR BACKGROUND CHECK s license, read and sign this form in the space provided below. completion of the application process)				
which I am applying. I understand that Sou it in checking such information, and I spec- and outside entities of the Southlake Mo	, hereby authorize Southlake Montessori to investigate boses of evaluating whether I am qualified for the position for thlake Montessori will utilize an outside firm or firms to assist fically authorize such an investigation by information services intessori's choice. I also understand that I may withhold my stigation will be done, and my application for employment will				
Signature of Employee	Date Mail completed application and				
Employee's Name – Printed	copy of driver's license to: Southlake Montessori 401 N. Carroll Avenue, Suite #187 Southlake, TX 76092				