Elements Montessori Academy

Woodside Plaza
1177 US 130 North
Robbinsville, NJ 08961
609.608.0304

Employment Application Form

Position applying for: [ ] Head Teacher [ ] Teacher's Assistant [ ] Receptionist [ ] Other: _____

Position Desired: [ ] Full Time [ ] Part Time Days and Hours Available: _____

Application Date: _____ Date Available: _____

PERSONAL INFOMRATION:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Cell: _____ Work: _____

Email Address: _____ SSN #: _____

Employer: _____ Occupation: _____

Home Number: _____ Cell: _____ Work: _____

Best time to call: _____ I would also be available to substitute: [ ] Yes [ ] No

How long have you lived in above address?

Additional addresses where you have resided at anytime during the past two years:

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

OPTIONAL INFORMATION:

Marital Status: _____ Spouse Name: _____

Children's Names and Ages: _____

How did you learn about the position for which you are applying? _____

EDUCATION:

College Major: _____ Minor: _____

School	Name & Location of the School	Dates Attended	No. of Years	Date of Graduation	Degree/Diploma
Graduate School					
College					

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High School					
Early Educational Classes					

EMPLOYMENT: *(Provide accurate, complete employment. Start with present or most recent employer)*

1	Employer Name:	Telephone:	Employed Dates: From: To
	Address:		Pay: Start: Last
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work:		

2	Employer Name:	Telephone:	Employed Dates: From: To
	Address:		Pay: Start: Last
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work:		

3	Employer Name:	Telephone:	Employed Dates: From: To
	Address:		Pay: Start: Last
	Name of Supervisor:	Reason for Leaving:	
	State job title and describe your work:		

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PERMISSION:

Elements Montessori Academy may contact the employers listed above unless indicated below:

Employer Name: _____ Reason: _____

Employer Name: _____ Reason: _____

REFERENCES:

I verify that I have given the enclosed recommendation forms to the following references:

Employer Reference: _____ Phone: _____

Employer Reference: _____ Phone: _____

SIGNATURE:

I verify that I have read this application and declare that my answers are true and complete:

Name: _____ Date: _____

Signature: _____

Elements Montessori Academy does not unlawfully discriminate on the basis of race, color, gender, nationality, ethnic origin, marital status, age, military status, or disability in the admission of students or the hiring of employees. Elements Montessori Academy is an Equal Opportunity Employer (EOE).

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CONFIDENTIAL PERSONAL INFORMATION

All applicants MUST complete this form regardless of applying for any position (compensated or volunteer) at Elements Montessori Academy.

PERSONAL INFOMRATION:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Cell: _____ Work: _____

Email Address: _____ SSN #: _____

1. Have you ever been investigated for, accused, suspected, indicted, or convicted of any crime involving child abuse, child sexual abuse, attempted sexual abuse of a minor, or any other crime involving children? [ ] Yes [ ] No

   If Yes, please explain: _____

2. As an adult, have you ever abused or molested a minor in any way, regardless of whether there was any criminal investigation or conviction? [ ] Yes [ ] No

   If Yes, please explain: _____

3. Have you ever been convicted of a D.U.I. offense? [ ] Yes [ ] No

   If Yes, describe all convictions in the past five years: _____

4. Has your driver's license ever been revoked or suspended? [ ] Yes [ ] No

   If Yes, describe all occurrences in the past five years: _____

5. Have you ever been convicted of felony? [ ] Yes [ ] No

   If Yes, please explain in details. Use separate sheet if necessary: _____

I acknowledge that the answers to the above statements are true and complete. If necessary, I authorize Elements Montessori Academy to further investigate references, work records, evaluations, education or any other matters related to my suitability for employment. Furthermore, I authorize any references or former employers to disclose to the school any and all employment records, performance reviews, letter, reports and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release Elements Montessori Academy, my former employer's references and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to personally view any references given to Elements Montessori School.

Name: _____ Date: _____

Signature: _____