

Fayetteville Montessori School Employment Application

Today's Date _____

PERSONAL INFORMATION PLEASE PRINT

Name _____

Present Address _____

Permanent Address _____

Telephone _____ E-mail _____

Are you 18 years old or older? _____

DESIRED EMPLOYMENT

Available Hours _____

Do your hours change seasonally? _____

Given a choice, do you have a preferable age of children you would like to work with?

____ 0-6 months ____ 6-12 months ____ 12-18 months

____ 18 months-2 ½ years ____ 2 ½ -5 years ____ 5-10 years

Position: _____ Date you can start _____ Desired Pay _____

Are you employed now? _____ Have you ever applied with FMS before? _____

Have you ever worked for FMS before? _____ When? _____

Why did you leave? _____

How were you referred to this company? _____

EDUCATION

School Level Name/Location/Number of years attended/Date graduated

Elementary School _____

High School _____

College _____

Trade School or Advanced degree or course work _____

General subjects of special study or research work: _____

Some work experience doesn't reflect child care. Do you have any special skills, experience or knowledge of children that would enhance your employment here?

Number of days missed work in last six months? _____

Has a court ever denied you parental custodial or visitation rights as result of child maltreatment?

If yes, explain:

Have you ever been convicted of any of the following? YES or NO If so, circle below:

1. Capital murder 2. Murder in the 1st degree 3. Murder in the 2nd degree 4. Kidnapping 5. Rape 6. Sexual assault in the 1st degree 7. Sexual assault in the 2nd degree 8. Endangering the welfare of an incompetent person in the 1st degree. 9. Abuse of an endangered or impaired person 10. Arson 11. Criminal attempt, criminal complicity, criminal solicitation, criminal conspiracy 12. Capital murder 13. Murder 14. Manslaughter 15. Negligent homicide 16. Kidnapping 17. False imprisonment in the 1st degree 18. Permanent detention or restraint 19. Robbery 20. Battery 21 Assault 22 Coercion 23 Introduction of controlled substance into body of another person 24 Terroristic threatening 25 terroristic act 26. Any sexual offense 27. Voyeurism 28. Death threats concerning a school employee or student 29. Incest 30. Domestic battery 31. Interference with visitation 32. Interference with court-ordered custody 33. Endangering the welfare of an incompetent person 24. Endangering the welfare of a minor. 25. Contributing to the delinquency of a minor 36. Contributing to the delinquency of a juvenile 37. Permitting abuse of a minor 38. Soliciting money or property from incompetents 39. Engaging children in sexually explicit conduct for use in visual or print media 40. Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child. 41. Transportation of minors for prohibited sexual conduct 42. Implying or consenting to the use of a child in a sexual performance. 43. Producing, directing or promoting a sexual performance by a child 44. Computer crimes against minors 45. Felony abuse of an endangered or impaired person 46. Theft of property 47. Theft of services 48. Theft by receiving 49. Forgery 50. Criminal impersonation 51. Financial identity fraud 52. Arson 53. Burglary 54. Breaking or entering 55. Resisting arrest 56. Felony interference with a law enforcement officer 57. Cruelty to animals 58. Felony violation of the Uniform Controlled Substances Act 59. Public display of obscenity 60. Promoting obscene materials 61. Promoting obscene performance 62. Obscene performance at a live public show 63. Prostitution 64. Patronizing a prostitute 65. Promotion of prostitution 66. Stalking 67. Criminal use of a prohibited weapon 68. Simultaneous possession of drugs and firearms 69. Unlawful discharge of a firearm from a vehicle.

FORMER EMPLOYERS --List below three employers, starting with the most recent employer first

Name of present or last employer: _____

Address: _____

Starting date: _____ Leaving date : _____ Job title/position: _____

Starting salary/pay: _____ Final salary/pay: _____

May we contact your supervisor? Yes _____ No _____

Name of supervisor: _____ Title: _____ Phone: _____

Fax: _____ E-mail: _____

Description of work: _____

Reason for leaving: _____

Name of present or last employer: _____

Address: _____

Starting date: _____ Leaving date : _____ Job title/position: _____

Starting salary/pay: _____ Final salary/pay: _____

May we contact your supervisor? Yes _____ No _____

Name of supervisor: _____ Title: _____ Phone: _____

Fax: _____ E-mail: _____

Description of work: _____

Reason for leaving: _____

Name of present or last employer: _____

Address: _____

Starting date: _____ Leaving date : _____ Job title/position: _____

Starting salary/pay: _____ Final salary/pay: _____

May we contact your supervisor? Yes _____ No _____

Name of supervisor: _____ Title: _____ Phone: _____

Fax: _____ E-mail: _____

Description of work: _____

Reason for leaving: _____

PERSONAL REFERENCES

Below, give the names and contact information of three persons you are not related to, whom you have known at least one year.

1. Name _____ Address _____

Business _____ Years Known: _____ Phone Number: _____

2. Name _____ Address _____

Business _____ Years Known: _____ Phone Number: _____

3. Name _____ Address _____

Business _____ Years Known: _____ Phone Number: _____

Are you now, or do you expect to be engaged in other business or employment? If so, explain:

Do you have any scheduled vacations/appointments/etc. within the next six (6) months? _____

Please supply any additional information necessary to enable us to check your work record (name change, assumed name, nickname):

Why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

Do you have any physical limitation which would impair the performance of this job? If yes, explain

Would you take a physical examination if required? Yes _____ No _____

AFFIDAVIT

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be the cause for termination. I authorize the individuals or institutions named above to give information regarding my employment, character, and qualifications, hereby releasing them from all liability for issuing such information.

Signature: _____ Date: _____