



# Shiloh Montessori Academy Employment Application

Prospective employees will receive consideration without discrimination of race, color, religion, sex, or any other status protected by law in employment decisions.

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Last Name	First	Middle	Date
Present Address		Home Telephone (      )	
How long have you lived at above address?		Mobile Telephone (      )	
Previous Address		How long?	
Email Address		SSN	
Place of Birth		Date of Birth	
Marital Status		Number of Children	
Race		Sex	

Are you a U.S. Citizen?  Yes  No  
If no, do you have a legal right to live and work in the U.S.?  Yes  No

Position Desired

Hours Available	Days/Evenings Available
Salary Expected	Date Available
Emergency Contact: Name	Emergency Contact: Address

Affiliation with Professional Organizations:

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Special Talents:

Music  Drama  Dance

Arts/Crafts  Painting  Foreign Language

Other \_\_\_\_\_

Please List Any Physical or Health Problems (Including Allergies):

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School	Name and Address of School	Course of Study	Years Attended		Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			From	To	5	6	7	8		
Elementary					5	6	7	8	<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	
High					1	2	3	4	<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	
College					1	2	3	4	<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	
Other (Specify)					1	2	3	4	<input type="checkbox"/> Yes	
									<input type="checkbox"/> No	

## MONTESSORI TRAINING

1	Name		
	Address		
	Diploma/Certification	Date Received	
2	Name		
	Address		
	Diploma Certification	Date Received	

## ADDITIONAL TRAINING AND/OR CERTIFICATIONS

# PAST AND PRESENT EMPLOYMENT, BEGINNING WITH MOST RECENT

1	Company Name	Telephone (      )
	Address	Employed (State Month and Year) From                  To
	Name of Supervisor	Monthly Salary Start                  Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone (      )
	Address	Employed (State Month and Year) From                  To
	Name of Supervisor	Monthly Salary Start                  Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone (      )
	Address	Employed (State Month and Year) From                  To
	Name of Supervisor	Monthly Salary Start                  Last
	State Job Title and Describe Your Work	Reason for Leaving

## M I L I T A R Y

Have you served in the U.S. Armed Forces?  Yes  No      If yes, in what Branch?

Describe any training received relevant to the position for which you are applying.

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May we contact the employers listed above?  Yes  No

If not, please indicate those you do not want us to contact.

In the last 5 years, have you been fired from a job?  Yes  No

Are you currently unemployed?  Yes  No If yes, indicate month and year unemployment began:

Have you ever been convicted of a crime?  Yes  No If yes, please state the charges for which you were convicted:

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**Please Attach: Teaching Credentials and Two Character References**

**The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your determination.**

*Signature of Applicant*

*Date*