

Arlington Montessori House Employment Application Form

Applying for: _____ School Year _____ Summer

Please mail completed application to:

3809 North Washington Blvd.

Arlington VA 22201

Or fax application to:

(703) 524-2002

Name _____

Last

First

Middle

Maiden

Present Address _____

Number

Street

City

State

Zip

Telephone (_____) _____ E-mail: _____

Birth Date _____ Social Security No. _____ - _____ - _____

Are you under age 16 ____ YES ____ NO

If "YES" can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO (Proof of eligibility will be required if hired.)

Position applied for: _____ How many hours can you work weekly? _____

Days / Hours available to work:

_____ Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri.

Employment desired: ____ Full-Time Only ____ Part-Time Only ____ Full-Time or Part-Time

When will you be available to start work? _____

Have you applied with this company before? ____ YES ____ NO If "YES" when? _____

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? ____ YES ____ NO

If "YES" please explain _____

EDUCATION:

Schools / Colleges Attended:	# Years	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT / WORK EXPERIENCE: Start with your present or most recent position.

Employer: _____

Job Title: _____ Job Supervisor: _____

Street Address: _____

City / State / Zip: _____ Telephone: _____

Describe Duties / Responsibilities / Accomplishments: _____

Reason for Leaving: _____

Dates of Employments: From _____ To _____

Employer: _____
Job Title: _____ Job Supervisor: _____
Street Address: _____
City / State / Zip: _____ Telephone: _____
Describe Duties / Responsibilities / Accomplishments: _____

Reason for Leaving: _____
Dates of Employments: From _____ To _____

REFERENCES: Please list two personal and one business reference.

Name: _____
Relationship / Position: _____
Street Address: _____
How long have you know the person / Position: _____
City / State / Zip: _____ Telephone: _____

Name: _____
Relationship / Position: _____
Street Address: _____
How long have you know the person / Position: _____
City / State / Zip: _____ Telephone: _____

Name: _____
Relationship / Position: _____
Street Address: _____
How long have you know the person / Position: _____
City / State / Zip: _____ Telephone: _____

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize **Arlington Montessori House** to investigate any information contained in this application as necessary to determine my qualifications. I understand that this application is not and not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in my immediate termination. I understand also, that I am required to abide to all rules, regulations and policies of **Arlington Montessori House**.

Signed

Dated

OFFICE USE ONLY:

Arrange Interview: ___ YES ___ NO Date: _____ Time: _____

Position Applying For: _____ Staff ___ Volunteer ___

Remarks: _____

