

MONTESSORI CHILDREN'S HOUSE OF DURHAM

APPLICATION FOR EMPLOYMENT

Mail to: MCHD, 2400 University Drive, Durham, NC 27707

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

First Name (Please write on the line above.)	Middle Name	Last Name	
Address	City	State	Zip
Telephone Number(s)			
Email address			
Best way to contact you (email, phone, etc.) If by phone, please include best times to reach you.			

Position(s) Applied For _____

Work Experience

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Job Title (Please write on the line above.)		
Employer	Address	
Please briefly describe work performed		
Supervisor	May we contact this Supervisor? (Y/N)	
Telephone Number(s)	Reason for Leaving	
Dates Employed (From-To)	Hourly Rate or Salary (Starting)	Hourly Rate or Salary (Final)

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Please explain any gaps in employment:

Professional References: Please do not include relatives.

Reference 1 Name (Please write on the line above.)	Occupation	Relationship
Phone Number(s)	Email Address	
Reference 2 Name (Please write on the line above.)	Occupation	Relationship
Phone Number(s)	Email Address	
Reference 3 Name (Please write on the line above.)	Occupation	Relationship
Phone Number(s)	Email Address	

Education

High School Name (Use line above.)	Address	Course of Study	Years Completed	Diploma/Degree
Undergraduate College	Address	Course of Study	Years Completed	Diploma/Degree
Graduate College	Address	Course of Study	Years Completed	Diploma/Degree
Other Education	Address	Course of Study	Years Completed	Diploma/Degree

Describe any specialized training, apprenticeship, skills that would be helpful to this position.

Are you planning to continue your education? Yes No **If yes, please describe:**

Describe how you would handle a disgruntled parent who came into the office.

What do you think is most important in talking to a prospective parent on the telephone?

Please share with us any comments you have about why you feel you are a strong candidate for this position at our school.

Please Circle

- | | | | |
|-----|----|-----|----------------------------------------------------------------------------------------------------------|
| Yes | No | N/A | If you are under 18 years of age, can you provide required proof of your eligibility to work? |
| Yes | No | | Have you ever filed an application with us before? If yes, give date: _____ |
| Yes | No | | Have you ever been employed with us before? If yes, give date: _____ |
| Yes | No | | Do any of your friends or relatives work here?
If yes, state name and relationship: _____ |
| Yes | No | | Are you currently employed? |
| Yes | No | | May we contact your present employer? |
| Yes | No | | Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? |
| Yes | No | | Are you currently on "lay-off" status and subject to recall? |
| Yes | No | | Do you have a criminal record? |

Starting date available for work: _____

Are you available to work:

Full Time Part Time (Please circle: Morning, Afternoon, Evening) Temporary

If temporary, please indicate dates available: _____

How did you hear about this position?

Advertisement (where?) _____ American Montessori Society MCHD Website

Word of Mouth (who?) _____

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including, but not limited to, a criminal background check. I authorize obtaining and giving confidential references regarding my employment at MCHD.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date