

**Application of Employment**

(please type in the gray boxes)

|  |  |  |
| --- | --- | --- |
| Last Name:      | First Name:      | Middle Initial:      |
| Preferred First Name:      | Maiden Name:      | Social Security #:      |
| Street Address:      | Apt #:      |
| City:      | State:      | Zip Code:      |
| Phone #:      | Email:      |

**Position Applied For:**

(Check as many as apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Lead Teacher[ ]  | Teacher’s Assistant[ ]  | After-School Teacher[ ]  | Intern[ ]  |

**Location:**

(Please check one or both campuses)

|  |  |
| --- | --- |
| **Bellevue Campus**10723 NE 38th Pl.Bellevue, WA 98004[ ]  | **Kirkland Campus**10239 Slater Ave NEKirkland, WA 98033[ ]  |

**Availability:**

|  |  |
| --- | --- |
| When are you available to start?      | What are your hours at your current job?      |
| Please check available days: |
| Monday[ ]  | Tuesday[ ]  | Wednesday[ ]  | Thursday[ ]  | Friday[ ]  |
| Please check available hours: |
| 8:00a-12:00p[ ]  | 8:00a-3:30p[ ]  | 11:30a-3:30p[ ]  | 11:30a-6:00p[ ]  | 2:30p-6:00p[ ]  |
| **Compensation Expectation:** |

**Employment Background:**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Employer:      | Position:      | From:      | To:      |
| Previous Employer:      | Position:      | From:      | To:      |

**Experience with Children:**

|  |  |  |  |
| --- | --- | --- | --- |
| School:      | Position:      | From:      | To:      |
| Other Experiences with Children:      |

**Educational Background:**

|  |  |  |  |
| --- | --- | --- | --- |
| High School:      | Graduation Date:      | City/State:      |  |
| College:      | Dates Attended:      | City/State:      | Diploma/Date:      |
| College:      | Dates Attended:      | City/State:      | Diploma/Date:      |
| College—Advanced Degree(s):      | Date(s):      | City/State:      | Degree(s):      |
| Montessori Credential(s):      | Date(s):      | Level(s):      | Institution(s):      |
| Teaching Credentials/Other Studies:      |

**References:** (List the individuals who you have requested to write references for you)

|  |  |  |
| --- | --- | --- |
| Name:      | Relationship to Applicant:      | Phone #:      |
| Name:      | Relationship to Applicant:      | Phone #:      |

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a felony? | Yes [ ]  | No [ ]  |
| Do you consent to fingerprinting that may be required by the Department of Children, Youth, and Families? | Yes [ ]  | No [ ]  |
| Do you currently have an early childhood CPR/First Aid card? | Yes [ ]  | No [ ]  |
| Do you have a food handler’s permit? | Yes [ ]  | No [ ]  |
| If not, are you willing to get one? | Yes [ ]  | No [ ]  |
| Have you taken the required Bloodborne Pathogens training? | Yes [ ]  | No [ ]  |
| Do you have a STARS number? | Yes [ ]  | No [ ]  |

|  |
| --- |
| **I understand that the submission of this application does not constitute an offer of employment.** |
| **Signature (typed name):** | **Date:** |

**Chestnut Montessori School is licensed by DCYF and does not discriminate because of race, creed, color, sex, age, national origin, sexual orientation, or physical differences.**

**Thank you for your interest!**