

**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 NE  Kirkland, 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!**