

Post Graduate

River Montessori Charter School EMPLOYMENT APPLICATION

	ring employment with River Montessori Ch wer all questions completely and accurate. A				f a total evi	aluation pr	ocess and is not	a guarantee of		
I. PERSONAL IN	NFORMATION									
Last Name		First			Middle		Date			
Street Address					<u> </u>		Home Phone ()			
City				State	Zip		Business Phone			
Have you ever been inv Yes No (if yes, wh	ny?)	work in the U		Yes	No	-	Social Security	-		
If you are under age 18 Yes No				transport				would you have reliable means of tation to and from work? No		
Have you ever worked If "Yes" Name:	under a different name? Yes No	Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No If no, describe functions that cannot be performed: Are you able to lift up to 40 pounds? Yes No (River Montessori complies with ADA and considers reasonable accommodation measure that may be required to perform essential functions)								
II. EMPLOYME	NT INTERESTS									
Position Applying for:										
Type of Employment Desired Regular Full-Time Temporary Part-Time		Days and hou for work	Days and hours available Wage De for work		esired		v were you referred to River ntessori?			
III. EDUCATION	N INFORMATION									
		Сот	urse of Study			of years pleted	Did you graduate?	Degree or Diploma		
High School							Y N			
College/University							Y N			

Y

Ν

Foreign Languages (indicate proficiency to speak, read and write):

Do voi	a have any additional experience, trainir	a qualifications or skills the	t you thin	k maka yau	aspecially suits	d for work a	t Divor Monto	esori? (Explain)		
-			-	-			a Kiver Monte	(Explain)		
1 v. 1	MPLOYMENT INFORMATION (Start with Curro Company Name			Phone ()			From Mo./Yr. To Mo./Yr.			
	Street Address	City		State	Zip					
	Job Title Duties			I			Reason for leaving			
	Supervisor Name and Phone Number					May we contact this employer? Y N				
2	Company Name		Phone (Phone ()			Yr.	To Mo./Yr.		
	Street Address	City		State	Zip					
	Job Title	Duties				Reason for leaving				
	Supervisor Name and Phone Number	-				May we contact this employer? Y N				
3	Company Name		Phone (()		From Mo./	Yr.	To Mo./Yr.		
	Street Address City			State	Zip					
	Job Title	Duties				Reason for leaving				
	Supervisor Name and Phone Number					May we contact this employer? Y N				
V. A	CKNOWLEDGMENT - Pleas	se read carefully, initi	al each	paragrap	h, and sign	below				
Initia	useful in making a hiring decision. understand that in connection with t an investigative consumer report in Upon written request, the River Mo as required by the Fair Credit Report	Immentation, if any) to provid I release all parties from a the routine processing of my cluding information as to my ntessori will provide me wit ting Act.	e River M Il liability employn y credit re h addition	for any da for any da nent applica ecords, chan al informat	with relevant info mage that may ation, River Mon racter, general ion concerning	ormation and result from f ntessori may reputation, p the nature ar	opinion, perso furnishing info request from ersonal chara nd scope of an	onal or otherwise, that may be ormation and opinion to you. I a consumer reporting agency cteristics, and mode of living. by such report requested by it,		
Initia	I understand that nothing contained either employment or for the provid or without cause, with or without no work, at any time, for any reason, a length of my employment.	ling of any benefits. I agree tice, including but not limited	e that my d to termin	employmen nation, dem	t, if hired, is at- otion, promotior	will and the , transfer, co	terms of emplompensation, b	loyment may be changed with benefits, duties and location of		
Initia	I I understand that all offers of emplo	yment are conditioned upon	my provi	ding proof o	of my identity an	nd legal right	to work in the	e United States.		
Initia	itial I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered later.									
Appli	cant Signature:					Da	ate:			

River Montessori is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age, disability or veteran's status. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form, and for your interest in River Montessori.