



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 <input type="checkbox"/>	Teacher's Assistant <input type="checkbox"/>	After-School Teacher <input type="checkbox"/>	Intern <input type="checkbox"/>
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Location:

(Please check one or both campuses)

Bellevue Campus 10723 NE 38 th Pl. Bellevue, WA 98004 <input type="checkbox"/>	Kirkland Campus 10239 Slater Ave NE Kirkland, WA 98033 <input type="checkbox"/>
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Availability:

When are you available to start ?	What are your hours at your current job?			
Please check available days:				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Please check available hours:				
8:00a-12:00p <input type="checkbox"/>	8:00a-3:30p <input type="checkbox"/>	11:30a-3:30p <input type="checkbox"/>	11:30a-6:00p <input type="checkbox"/>	2:30p-6:00p <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to fingerprinting that may be required by the Department of Children, Youth, and Families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you currently have an early childhood CPR/First Aid card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a food handler's permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, are you willing to get one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you taken the required Bloodborne Pathogens training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a STARS number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Availability for an interview between 9:30 AM and 2 PM within the next 10 days of submitting your application.	Dates and time:
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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!