



# Sullivan Montessori School

10 Bud Street  
Sullivan, MO 63080

(573) 468-3388

[www.sullivanmontessori.org](http://www.sullivanmontessori.org)

## Application for Employment

Name_____	DOB_____
Address_____	SSN_____
Phone_____	email_____
Position Applying For_____	

## Educational Experience

High School Attended and Year Graduated \_\_\_\_\_

Colleges Attended and Degrees Earned or Expected

_____	Degree_____
_____	Degree_____
_____	Degree_____

List Courses or Relevant Training

\_\_\_\_\_

\_\_\_\_\_

## Professional Experience

Begin/End Date	Employer/Address	Supervisor's Name & Telephone	Your Title and Duties	Reason for Leaving

Are you eligible to work in the United States? Yes or No  
 Do you have reliable transportation? Yes or No  
 Are there times or days that you are unable to work? Yes or No  
 Please explain.....  
 Will you work overtime if required? Yes or No  
 Do you have children who will require childcare at our facility? Yes or No  
 If hired are you able to perform the essential tasks required for the position, including lifting, bending, sitting, standing, and meeting the physical and emotional demands of children? Yes or No  
 Have you ever been arrested, pled guilty or no contest to any crime, including misdemeanors? Yes or No  
 If answering Yes, please list dates, county, and details of incident.

.....  
 .....

Please note that answering "Yes" does not automatically prohibit you from working in the school. Eligibility will depend on date and seriousness of the offense. However, if you do not list all incidents on your employment application, and they later show up on your criminal background check, you will be terminated regardless of circumstance.

**Authorization for Background Check**

Please read and sign this form in the space below. Your written authorization is necessary for completion of the application process. I, \_\_\_\_\_, hereby authorize Sullivan Montessori School to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Sullivan Montessori will use an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant's Signature..... Date.....  
 Applicant's Name Printed.....

I certify that all answers are true to the best of my knowledge and I am aware that misleading or false information may cause denial of employment or dismissal if hired, regardless when discovery is made.

Signature..... Date.....