

Application for Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.
Please print. This application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Last Name		First Name		Middle Name	
Address (number and street name)		City		State	Zip Code
County	Phone (best number to reach you)		Email Address		
Social Security Number			Driver's License Number		Date of Birth

Have you ever been convicted of breaking the law other than a minor traffic violation? Yes No
If yes, give the date and explain fully. If more space is needed, an additional piece of paper may be used.

Have you ever had a Department of Social Services (DSS) Substantiation? Yes No
If yes, give the date and explain fully. If more space is needed, an additional piece of paper may be used.

The offence/s and how recently you were convicted will be evaluated in relation to the job for which you are applying.

Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 4+

Name of High School Address City, State, Zip

Dates Attended Course of Study Date of Diploma or GED

Name of College or University Address City, State, Zip

Dates Attended Major Course of Study Degree

Name of Graduate School Address City, State, Zip

Dates Attended Major Course of Study Degree

Name of Professional/Vocational School Address City, State, Zip

Dates Attended Major Course of Study Certificate Received

Child Care Training you may have completed in the last three years (such as First Aid, CPR, CDA, ITS-SIDS, etc.)

Training _____ Date Received _____

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References

List the names, addresses, and phone numbers of three people we may contact as references:

Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number
_____	_____	_____
Name	Address	Phone Number
_____	_____	_____

Employment History

Current or Last Employer	Address	Phone Number
_____	_____	_____
Job Title	Supervisor's Name	Number Supervised by you
_____	_____	_____
Starting Salary	Ending Salary	Date Employment Started/Ended
_____	_____	_____
Reason for Leaving	May we contact this employer?	
_____	_____ Yes _____ No	
_____	_____ Yes _____ No	

Current or Last Employer	Address	Phone Number
_____	_____	_____
Job Title	Supervisor's Name	Number Supervised by you
_____	_____	_____
Starting Salary	Ending Salary	Date Employment Started/Ended
_____	_____	_____
Reason for Leaving	May we contact this employer?	
_____	_____ Yes _____ No	
_____	_____ Yes _____ No	

Signature

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information, may be grounds for: rejection of my application, disciplinary action, or dismissal if I am employed, and/or criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____

STERLING MONTESSORI Academy and Charter School

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