

Arlington Montessori House Employment Application Form

<i>Applying for:</i> _____ School Year _____ Summer
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Please mail completed application to:

3809 North Washington Blvd.
Arlington VA 22201

Or fax application to:

(703) 524-2002

Name _____
Last
First
Middle
Maiden

Present Address _____
Number
Street
City
State
Zip

Telephone (____) _____ E-mail: _____

Birth Date _____ Social Security No. _____ - _____ - _____

Are you under age 16 ____ YES ____ NO

If "YES" can you provide proof of your eligibility to work? ____ YES ____ NO

Are you currently authorized to work in the United States? ____ YES ____ NO (Proof of eligibility will be required if hired.)

Position applied for: _____ How many hours can you work weekly? _____

Days / Hours available to work:

_____ Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri.

Employment desired: ____ Full-Time Only ____ Part-Time Only ____ Full-Time or Part-Time

When will you be available to start work? _____

Have you applied with this company before? ____ YES ____ NO If "YES" when? _____

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? ____ YES ____ NO

If "YES" please explain _____

EDUCATION:

Schools / Colleges Attended:	# Years	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT / WORK EXPERIENCE: Start with your present or most recent position.

Employer: _____

Job Title: _____ Job Supervisor: _____

Street Address: _____

City / State / Zip: _____ Telephone: _____

Describe Duties / Responsibilities / Accomplishments: _____

Reason for Leaving: _____

Dates of Employments: From _____ To _____

