



# Woodinville Montessori School

a nonprofit organization

**North Creek – Main Campus**  
19102 North Creek Parkway  
Bothell, WA 98011  
Tel: (425) 482-3184  
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**Woodinville Campus**  
13965 NE 166<sup>th</sup> Street  
Woodinville, WA 98072  
Tel: (425) 481-2300  
info@woodinvillemontessori.org

## EMPLOYMENT APPLICATION

*Woodinville Montessori School (WMS) provides equal employment opportunity without regard to an applicant's race, color, gender, national origin, age, physical or mental disability, medical condition, religion, veteran status, or any other characteristic protected by federal, state, or local law. WMS is an Equal Opportunity employer.*

*Woodinville Montessori School Requires A Police Background Check Of All Employees.*

### PERSONAL INFORMATION

Application Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Previous or other surname(s) reflected on employment or educational records: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street (include Apt #)  
City State Zip

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Current work phone: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

Are you related to anyone working at WMS?  No  Yes, please indicate: \_\_\_\_\_  
Name/Relationship

### EMPLOYMENT DESIRED

I am applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Willing to Travel:  No  Yes - miles: \_\_\_\_\_

Desired Work Hours: \_\_\_\_\_ Desired Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Have you previously been employed by the school?  No  Yes - dates: \_\_\_\_\_ through \_\_\_\_\_

How did you learn about WMS? \_\_\_\_\_

How did you learn about this job opening?

- Posted Job Announcement; Where? \_\_\_\_\_
- WMS Website
- Other Website; Name: \_\_\_\_\_
- From a WMS employee; Name: \_\_\_\_\_
- University placement office; Name: \_\_\_\_\_
- From a trade or professional journal; Name: \_\_\_\_\_
- Newspaper; Name: \_\_\_\_\_
- From a friend or relative; Name: \_\_\_\_\_
- Other: \_\_\_\_\_

**EDUCATION / MONTESSORI CREDENTIALS / PROFESSIONAL BACKGROUND**

<b>High School</b>	Name of School	# of Years	Major
	City/State		Degree/Diploma earned
<b>College/ University</b>	Name of School	# of Years	Major
	City/State		Degree/Diploma earned
<b>Graduate School</b>	Name of School	# of Years	Major
	City/State		Degree/Diploma earned
<b>Technical School</b>	Name of School	# of Years	Major
	City/State		Degree/Diploma earned
<b>Montessori Credential</b>	Name of School	# of Years	Major
	City/State		Degree/Diploma earned
<b>Montessori Credential</b>	Name of School	# of Years	Major
	City/State		Degree/Diploma earned
<b>Other</b>	Name of School	# of Years	Degree/Diploma earned
	City/State		Major

List any other certificates or licenses you hold that might help qualify you for employment:

License or Certification Number(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List any job-related professional or technical organizations to which you belong (*you may exclude those which indicate race, gender, national origin, or any other protected classification of its members*):

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## SOFTWARE & FOREIGN LANGUAGE SKILLS

<b>Software &amp; Operating Systems:</b> Check all that apply and select skill level	Word <input type="checkbox"/> Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>	Excel <input type="checkbox"/> Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>	Power Point <input type="checkbox"/> Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>	Access <input type="checkbox"/> Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>
	Graphics <input type="checkbox"/> _____ Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>		Other <input type="checkbox"/> _____ Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>	
	Macintosh <input type="checkbox"/> OS _____ Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>		Windows <input type="checkbox"/> _____ Beg <input type="checkbox"/> Inter <input type="checkbox"/> Expert <input type="checkbox"/>	
<b>Languages</b>	Read:	Write:	Speak:	

## EMPLOYMENT HISTORY

Please list all employers within the past 10 years.

From	Company Name	Job Title	Start \$
To	Address	Supervisor	End \$
	Telephone:	Reason for Leaving:	
Primary Responsibilities:			

From	Company Name	Job Title	Start \$
To	Address	Supervisor	End \$
	Telephone:	Reason for Leaving:	
Primary Responsibilities:			

From	Company Name	Job Title	Start \$
To	Address	Supervisor	End \$
	Telephone:	Reason for Leaving:	
Primary Responsibilities:			

From	Company Name	Job Title	Start \$
To	Address	Supervisor	End \$
	Telephone:	Reason for Leaving:	
Primary Responsibilities:			

Please attach additional sheets if necessary.

### PROFESSIONAL FITNESS

Please respond to the following questions. If you answer "yes" to any of them, on a separate document, give a complete explanation, including duties, circumstances, and supporting documentation.

Have you ever been dismissed, discharged or fired from any employment? This does not include layoff.  Yes  No

Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?  Yes  No

Have you ever been disciplined by a past or present employer because of allegations of misconduct?  Yes  No

Are you currently the subject of any investigation or inquiry by an employer because of allegations of misconduct or harassment on your part or have you ever been found to be guilty of misconduct or harassment by an employer?  Yes  No

### PROFESSIONAL REFERENCES

Please provide a minimum of three references with first-hand knowledge of your character, personality, and work performance.

Name and contact Information	Position / Organization	Relationship	Years Known
1. Name: Phone:	Position: E-mail:		
2. Name: Phone:	Position: E-mail:		
3. Name: Phone:	Position: E-mail:		

May we contact your current employer?  Yes  No

### EMPLOYMENT ELIGIBILITY

If hired, can you provide documents to verify your eligibility to work in the United States?  Yes  No

Is your physical / mental health condition such that you can fulfill the essential teaching / extracurricular work for which you are applying (either with or without reasonable accommodations)?  Yes  No

Are you 18 years of age or older?  Yes  No  
If under 18, can you, if offered employment, provide a WA Parent/School Authorization?  Yes  No

Are you currently certified in First Aid?  Yes  No

Are you currently certified in Infant-Child CPR?  Yes  No  
(At least one person with first aid/CPR is required to be present in each area per WAC 388-150-200, etc.)

Do you have a current HIV/AIDS/Blood-borne pathogens Training card?  Yes  No

Do you have a current Tubercular test result (Mantoux method)?  Yes  No  
(Required of all staff persons having regular contact with children per WAC 388-150-220, etc.)

Do you have a current Washington Food Service Worker Permit?  Yes  No  
(Required of all staff persons preparing full meals per WAC 388-150-250, etc.)

Have you been convicted of a felony or misdemeanor? *A conviction will not necessarily disqualify you for employment.*  Yes  No

If yes, briefly describe the nature of the crime(s), the date(s) of conviction, and the place(s) of conviction:

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Are you currently released on a criminal offense on bail, bond, or your own recognizance while awaiting trial?  Yes  No

If yes, briefly describe:

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## APPLICATIONS

Applications will remain active for six months. The School will normally keep the application on file for 12 months. Contact the Director about procedures for reactivating an application that is more than six months old.

## AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I understand that any omissions on this application may prevent my application from being evaluated. I authorize Woodinville Montessori School to obtain information about my criminal records, if any. I authorize all governmental agencies to provide information about my criminal records to the School. I also understand that, in conjunction with this application, I will be asked to complete and sign a "Background Screening Authorization Form."

I certify that all information on this employment application (and any attached resume) is true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I agree that any misrepresentation, falsification, or omission on this application or on other documents submitted to the School may result in the rejection of this application, or for immediate discharge if I have been employed.

I authorize any of the persons or organizations referenced in this application to provide Woodinville Montessori School (WMS), for which I have completed an employment application and / or resume, with any and all information that they may possess concerning my previous employment, education, or experience. I authorize WMS to request and receive such information, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position.

I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education, qualification, or fitness, to provide such information to Woodinville Montessori School.

I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be **at will**, as defined by law and for no definite period, and that my employment may be terminated, at any time, with or without cause and with or without prior notice by myself or the school.

I release the school and all persons providing information to the School from any liability whatsoever for obtaining and providing that information, regardless of the results.

I have read and understand everything on this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_