



EMPLOYMENT APPLICATION

In compliance with the federally mandated Equal Employment Opportunity law and the State of Washington's protected classes, Woodinville Montessori School is an equal-opportunity employer and does not discriminate on the basis of race; color; religion; gender; national origin; age; disability; veteran or military status; marital status; sexual orientation; the presence of any sensory, mental, or physical disability, or; the use of a trained dog guide or service animal by a person with a disability.

Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Head of School. City

APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: _____ E-Mail Address: _____

Referred By: _____

Are you 18 years of age or older? YES NO

Are you lawfully allowed to work in the United States? YES NO

If hired, can you demonstrate that you are lawfully permitted to work in the United States? YES NO

EMPLOYMENT DESIRED

Position applying for: _____

Start Date: _____ Desired Salary Range: _____

Have you applied to Woodinville Montessori School before? YES NO

Have you ever worked for Woodinville Montessori School before? YES NO

If yes, please provide you job title and dates of employment: _____

Do you have documentation of:

Tuberculosis test or treatment within the last 12 months YES NO

Proof of MMR immunity, vaccination, or exemption YES NO

Professional References

List four professional references, use supervisors when possible.

Full Name: _____ Company: _____

Phone: _____ Email: _____

Full Name: _____ Company: _____

Phone: _____ Email: _____

Full Name: _____ Company: _____

Phone: _____ Email: _____

Full Name: _____ Company: _____

Phone: _____ Email: _____

May we contact your references? YES NO

EDUCATION

High School _____
City State

Did you graduate? YES NO

College _____
City State

Credential/Degree(s) Received _____
Did you graduate? YES NO

Graduate School _____
City State

Credential/Degree(s) Received _____
Did you graduate? YES NO

Teaching Credentials _____
Do you have documentation of:

- | | | |
|---|------------------------------|-----------------------------|
| Child Care Basics (30 STARS Hours) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Prevention of exposure to blood borne pathogens | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Current first-aid training | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Current Infant/Child and Adult Cardiopulmonary Resuscitation (CPR) training | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

OTHER INFORMATION

Have you ever left employment before the end of a contracted term? YES NO

Are you able to fulfill the essential functions of the job to which you are applying either with or without accommodation? YES NO

To the best of your knowledge, have you ever been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency, or child protective services agency (unless the investigation resulted in a finding that the allegations were false)? YES NO

If yes, please explain.

To the best of your knowledge, have you been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct? YES NO

If yes, please explain.

To the best of your knowledge, have you had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation? YES NO

If yes, please explain.

FORMER EMPLOYMENT

List below your last four employers, starting with the most recent, including 10 years of history.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Dates of Employment: _____ to _____
Responsibilities: _____

May we contact this employer? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Dates of Employment: _____ to _____
Responsibilities: _____

May we contact this employer? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Dates of Employment: _____ to _____
Responsibilities: _____

May we contact this employer? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Dates of Employment: _____ to _____
Responsibilities: _____

May we contact this employer? YES NO

AUTHORIZATION

I certify that the information given by me to Woodinville Montessori School in the application process (including on my resume) is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in termination of my employment.

I authorize WMS to solicit information regarding the statements made on this application or my resume or about my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Woodinville Montessori School from any liability for future references it may provide regarding my work history.

Date: _____ Signature: _____

This application will be considered active for a period not to exceed 6 months.