

For Office Use Only – Livescan ID: _____ Date Associated: _____



Bella Montessori School
20602 Prism Place
Lake Forest, CA 92630

EMPLOYMENT APPLICATION

Position Applying For: _____

Bella Montessori School is an equal opportunity employer in policy and practice and complies with all federal and state laws which forbid discrimination.

CONFIDENTIAL INFORMATION

Name (Last, First, Middle Initial)

Address (Street, City, State, Zip Code)

Mobile Phone Number

Email Address

Date Available To Begin Work: _____

Type of Work Desired: (Please check all that apply) FULL TIME PART TIME ON-CALL

Expected Hourly Wage \$ _____ Expected Annual Salary \$ _____

Do you need Insurance Benefits? Yes No

List the hours and days you are available to work:

	MON	TUES	WED	THURS	FRI
FROM					
TO					

EDUCATION & WORK EXPERIENCE

**Attach a copy of transcripts/certificates/permit to this application*

Do you hold a current Child Development Permit through the State of California Commission on Teaching Credentialing? Yes No

If yes, please list the level of permit you hold: _____

Number of Early Childhood Education Units Completed (With a grade of C or better)

ECE Units # _____ Infant Toddler Units # _____ Administration Units # _____

Are you currently in school? Yes No If yes, projected date of completion: _____

List any other related training, degree or certification: _____

List all previous jobs, volunteer experience and self-employment work beginning with the present or most recent:

Company	Dates Employed	Pay Rate
Name: Address: Supervisor: Website:	From: To:	Starting Pay: Ending Pay:
Job Title: Briefly describe your duties and responsibilities:		

Company	Dates Employed	Pay Rate
Name: Address: Supervisor: Website:	From: To:	Starting Pay: Ending Pay:
Job Title: Briefly describe your duties and responsibilities:		

Company	Dates Employed	Pay Rate
Name: Address: Supervisor: Website:	From: To:	Starting Pay: Ending Pay:
Job Title: Briefly describe your duties and responsibilities:		

Company	Dates Employed	Pay Rate
Name: Address: Supervisor: Website:	From: To:	Starting Pay: Ending Pay:
Job Title: Briefly describe your duties and responsibilities:		

Company	Dates Employed	Pay Rate
Name: Address: Supervisor: Website:	From: To:	Starting Pay: Ending Pay:
Job Title: Briefly describe your duties and responsibilities:		

Are you certified in CPR and First Aid? Yes No

What inspired you to work with young children?

What do you enjoy most about working with young children?

Do you have any friends or relatives employed by Bella Montessori? If yes, please provide their name(s):

Have you, since the age of 18, been convicted of a crime or misdemeanor other than a traffic violation? If yes, please explain and state the charge, date of conviction and status of the case:

PROFESSIONAL REFERENCES

Name Company Title	Address	Telephone & Email	Relationship & Years Known
Name: Company: Title:			
Name: Company: Title:			
Name: Company: Title:			

Please list three persons that we can contact for character reference. Do not list household members or relatives.

Name	Telephone & Email Address	Relationship & Years Known

How did you hear about us?

- Referral (Please list name: _____)
- Indeed
- Website
- Walked by
- School (IVC/Saddleback)
- Other: _____

For Office Use Only

- Application Completed
- Copy of Transcript
- Signature on Last Page

Recommended for Interview

Yes No

Application Reviewed By: _____

Interview Date and Time: _____

APPLICATION VERIFICATION

RELEASE & AT-WILL STATEMENT

Please read carefully and sign below:

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that, if employed, omissions or false or inaccurate statements on this application may result in dismissal.

I hereby authorize all prior employers, references, schools, credit bureaus, Social Security Administration, DMV, law enforcement agencies to give Bella Montessori School, all information concerning my previous employment and pertinent information they may have, personal or otherwise, concerning my qualifications for the position I applied for. I release all persons or entities from all liability for any damage that may result from furnishing information to Bella Montessori School. I also release Bella Montessori School and all of its employees from liability for any damage that may result from the reliance on the information obtained.

I understand and agree to undergo a drug test as a condition of employment, or continued employment, if requested by Bella Montessori School.

If employed by Bella Montessori School, I agree to abide by its policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can be terminated, with or without cause, at any time at my option or the option of Bella Montessori School, unless it is modified by a specific written employment contract for a special duration which is signed by an officer of Bella Montessori and me. This at-will employment relationship may not be modified by any oral or implied agreement.

Print Full Name:	
Signature of Applicant:	Date Signed: _____/_____/_____