

# APPLICATION TO SPRUCE PINE MONTESSORI SCHOOL

\_\_\_\_\_  
Date of Application

_____ Social Security Number	_____ Last Name	_____ First Name	_____ Middle Ini.
_____ Address: Street number and name	_____ City	_____ County	_____ State    Zip Code
_____ Phone Number	_____ Alternative Phone No.	_____ Email address	

Position for which you are applying \_\_\_\_\_

Date of Birth \_\_\_\_\_ NC Driver's License Number \_\_\_\_\_

Have you ever been convicted of breaking a law other than a minor traffic violation? (A criminal background check is required for working at SPMS. Any offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) \_\_\_\_ YES \_\_\_\_ NO

If yes, please provide date and explain fully on additional piece of paper.

## EDUCATION

Please circle the highest grade completed: 11 12 GED College 1 2 3 4 Masters

If you have additional child care training or certification please list it below.

Schools	Name and location	Dates Attended	Course of Study	Degree/Diploma
High School				
College or University				
Graduate or Professional				
Educational, Vocational, etc.				

## WORK HISTORY

(Please list most recent child care/early childhood experience first)

Current or Last Employer _____				
Address _____				
Job Title _____		Supervisor Name _____		# Supervised by You _____
Date Employed (mo/yr) employer?	Starting Salary	Ending Salary	Reason for Leaving	May we contact
_____	_____	_____	_____	____ Yes ____ No
Date Separated (mo/yr)	Duties			
_____	_____			
Full time? ____ Y ____ N	_____			
Part time? ____ Y ____ N	_____			
If part time, number of hours per week: _____	_____			
No. of children in your care: _____	_____			

Current or Last Employer _____				
Address _____				
Job Title _____		Supervisor Name _____		# Supervised by You _____
Date Employed (mo/yr) employer?	Starting Salary	Ending Salary	Reason for Leaving	May we contact
_____	_____	_____	_____	____ Yes ____ No
Date Separated (mo/yr)	Duties			
_____	_____			
Full time? ____ Y ____ N	_____			
Part time? ____ Y ____ N	_____			
If part time, number of hours per week: _____	_____			
No. of children in your care: _____	_____			

### LICENSURE OR CERTIFICATION

NC Early Childhood Certification Level \_\_\_\_\_  
First Aid Training Certification Expires \_\_\_\_\_  
CPR Training Certification Expires \_\_\_\_\_  
Montessori Diploma \_\_\_\_\_

### REFERENCES

(Please list at least two work references, past supervisors preferred, and one personal reference.)

_____ Name	_____ Relationship
_____ Phone Number	_____ Email Address

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_____ Phone Number	_____ Email Address

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event documentation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing agencies to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information or a failure to disclose relevant information may be grounds for not considering my application, for disciplinary action, dismissal, and (or) criminal action if I am employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date