

Go Like the Wind!

Montessori School
3540 DIXBORO LANE
ANN ARBOR, MI 48105
(734) 747-7422

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: _____

LAST NAME	FIRST NAME	M. I.	() AREA CODE	() HOME PHONE	() AREA CODE	WORK PHONE
STREET ADDRESS		CITY	STATE		ZIP	

- Are you over 18? Yes No
- Please list the types of appointment(s) you will accept:
 Full-time Regular Part-time Regular Full-time Temporary Part-time Temporary
- May we contact your current and/or previous employers? Yes No If no, explain under the Remarks Section of this application.
- What is your minimum acceptable monthly salary? \$ _____
- Have you ever been employed by Go Like the Wind! School? Yes No If yes, explain under the Remarks Section.
- Are any of your relatives employed by Go Like the Wind! School? Yes No If yes, explain under the Remarks Section.
- Have you ever been discharged or asked to resign? Yes No If yes, explain under the Remarks Section.
- Have you ever been convicted of a felony or misdemeanor? Yes No If yes, on a separate sheet of paper, give the following information for each offense: (a) date, (b) charge, (c) place, (d) court and (e) action taken. (A conviction will not necessarily disqualify you from employment.)
- Do you have a valid Driver's license? Yes No
License Number _____ State _____ Expiration Date _____ Class _____
- Are you able to perform the duties of the position applied for without an accommodation? Yes No If accommodation is needed, explain under the Remarks Section, how you would perform the tasks and with what accommodation.

Prior to employment, applicants will be required to provide necessary documentation to verify proof of legal residence entitling them to work in the United States.

EDUCATION AND TRAINING

Circle highest grade completed in High School: 9 10 11 12 Did you receive a High School diploma? Yes No G.E.D. College: 1 2 3 4 5 6

Name and Address of Schools	Did you Graduate?	Degree	Major Subjects	Units Completed (If No Degree)
High School:				
College/University:				
Other Schools:				

Adult education, special training, certificates and/or licenses which directly relate to position applied for: _____

AGREEMENT: READ CAREFULLY BEFORE SIGNING

I certify that all statements made in this Application are true and complete, and I authorize investigation of all matters herein contained. I agree and understand that any misrepresentation or commission of a material fact may be justification for rejection of my Application, refusal of employment, removal of my name from an Eligibility List, and/or dismissal from employment with Go Like the Wind! School. I agree to undergo a physical examination by a Physician and fully understand that employment is contingent upon meeting the School's physical requirements and passing a TB test. I further agree to be fingerprinted and to furnish proof of age and citizenship as may be directed. I also authorize the employers, schools and persons named above to provide any additional information regarding my qualifications and character.

SIGNATURE

DATE

DO NOT INDICATE "SEE RESUME"

EXPERIENCE

List all positions you have held in the last 10 years. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** List each change of title or promotion separately. Resumes may be attached but **WILL NOT** be acceptable in lieu of **COMPLETE ANSWERS.** Check the Job Announcement for details on the qualifications the School is seeking. Start with your present or most recent position and work backwards. Attach additional sheets as necessary.

CURRENT OR MOST RECENT EXPERIENCE

From / / To / / Job Title: _____ No. Employees Supervised ____
Employer Name & Address: _____
Duties: _____

Type of Business: _____
Supervisor Name & Title: _____
Reason for Leaving: _____
Telephone: () _____ Highest Monthly Salary: _____ Hours/Wk: _____

From / / To / / Job Title: _____ No. Employees Supervised ____
Employer Name & Address: _____
Duties: _____

Type of Business: _____
Supervisor Name & Title: _____
Reason for Leaving: _____
Telephone: () _____ Highest Monthly Salary: _____ Hours/Wk: _____

From / / To / / Job Title: _____ No. Employees Supervised ____
Employer Name & Address: _____
Duties: _____

Type of Business: _____
Supervisor Name & Title: _____
Reason for Leaving: _____
Telephone: () _____ Highest Monthly Salary: _____ Hours/Wk: _____

From / / To / / Job Title: _____ No. Employees Supervised ____
Employer Name & Address: _____
Duties: _____

Type of Business: _____
Supervisor Name & Title: _____
Reason for Leaving: _____
Telephone: () _____ Highest Monthly Salary: _____ Hours/Wk: _____

REMARKS: IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET