



Children Today
Montessori
Learning Center

10465 Jones Bridge Road
Alpharetta GA 30022
(770) 817-8200

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name: _____ Date _____
Last First MI

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Home Phone: (____) _____ Cell Phone: (____) _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Are you a citizen of the U.S.? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked at a school or child care center? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

EDUCATION

High School: _____ City/State: _____

From: _____ to _____ Did you graduate? YES NO

College: _____ City/State: _____

From: _____ to _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ to _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list two professional references:

Name: _____ Relationship: _____

Company: _____ Phone (____) _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone (____) _____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If no, explain: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If no, explain: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If no, explain: _____

OTHER

Have you had CPR training within the past two years? YES NO If yes, give expiration date: _____

Have you had first aid training within the past three years? YES NO If yes, give expiration date: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that if employed, I am required to abide by all regulations as established by [Children Today Montessori Learning Center](#).

Signature _____ Date: _____

As an Equal Opportunity Employer, it is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to age, race, religion, or national origin.