



P.O. Box 684 ■ Casper, WY 82602 ■ 265.0249 ■ [montessoriofcasper.com](http://montessoriofcasper.com)

## Employment Application

Position Applied for \_\_\_\_\_

### Personal Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____	_____	_____	_____
Street Address/P.O. Box	City	State	Zip Code
(_____) _____	(_____) _____	(_____) _____	
Telephone Number	Cellular Number	Other Telephone Number	
Email Address: _____			

### U.S. Military Service

Not Applicable _____
Branch of Service _____ From _____ To _____
Describe military training relevant to the position for which you are applying: _____
_____

What type of position are you looking for? Full Time \_\_\_\_ Part Time \_\_\_\_ Any \_\_\_\_

If legally required for the position, are you over? 18 \_\_\_\_ 21 \_\_\_\_ 25 \_\_\_\_

### Employment History: Please do not say, "Refer to Resume." List most recent job first.)

Employer _____
Address _____
Job Title _____ From: _____ To _____
Reason for Leaving _____
Supervisor's Name _____
May we contact? Yes ____ No ____
Telephone Number ( ) _____

**Employment History (continued)**

Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**Skills**

Please summarize your special skills and qualifications for this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education/Training**

Secondary Education: High School Diploma [ ] or GED [ ].

School/Training beyond secondary school:

College/University \_\_\_\_\_ Major course of Study \_\_\_\_\_

Number of years attended \_\_\_\_\_ Degree? Yes \_\_\_\_\_ No \_\_\_\_\_

Other (Technical School) \_\_\_\_\_ Major course of Study \_\_\_\_\_

Number of years attended \_\_\_\_\_ Degree? Yes \_\_\_\_\_ No \_\_\_\_\_

Other education or training that might be pertinent to the job \_\_\_\_\_

**Personal/Professional REFERENCES Please list THREE references other than relatives:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Years Acquainted \_\_\_\_\_

**For state law requirements for any job working with children, are you willing to:**

Undergo a State and Federal background check? YES [ ] NO [ ]

If YES, Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

Become certified in CPR/First Aid? YES [ ] NO [ ]

Willing to have a TB test performed? YES [ ] NO [ ]

Willing to take a drug screen? YES [ ] NO [ ]

Attend staff in-service days? YES [ ] NO [ ]

**U.S. Employment Eligibility:**

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**APPLICANT STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

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