



**Step By Step Montessori Schools, Inc.**

4355 Highway 169  
 Plymouth, MN 55442  
 Phone: 763-557-6777  
 Fax: 763-557-6888

**Personal**

Last Name	First Name	Middle	Date
Street Address	City	State	Zipcode
( )	( )		
Phone number	Alternate Phone number		

Have you applied for employment with us before?  Yes  No  
 If Yes: Month and year \_\_\_\_\_ Location: \_\_\_\_\_

Please check position(s) desired:  Teacher  Asst. Teacher  Aide  Other: \_\_\_\_\_

Please check location(s) you're willing to work at:

- Chaska                       Brooklyn Park                       Maple Grove                       Plymouth  
 Southdale (Edina)                       St. Anthony                       Wayzata                       Corcoran

Apart from religious observance, are you available for full-time work? \_\_\_\_\_  
 If not, indicate hours you're available to work: (our schools are open M-F, 6:30am- 6:00pm)  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Specialized training or skills you possess (languages, etc): \_\_\_\_\_  
 How did you learn of Step By Step Montessori Schools: \_\_\_\_\_

**Education**

Level	Name and Location of School	Course of Study	Number of years completed	Did you graduate (Yes or No)	Degree or diploma awarded
College					
High					
Other					

Are you a member in professional or civic organization? (Please exclude those that may disclose your race, color, religion or national origin)

\_\_\_\_\_

# Employment

Please answer completely and start with present or most recent employer.

\_\_\_\_\_ to \_\_\_\_\_  
Company Name Dates of Employment (month/year)

\_\_\_\_\_ Brief description of duties  
Position held ( )

\_\_\_\_\_ Starting wage Ending wage  
Name of Supervisor Phone number

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

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Company Name Dates of Employment (month/year)

\_\_\_\_\_ Brief description of duties  
Position held ( )

\_\_\_\_\_ Starting wage Ending wage  
Name of Supervisor Phone number

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

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\_\_\_\_\_ Brief description of duties  
Position held ( )

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

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Company Name Dates of Employment (month/year)

\_\_\_\_\_ Brief description of duties  
Position held ( )

\_\_\_\_\_ Starting wage Ending wage  
Name of Supervisor Phone number

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

We may contact the employers listed above unless you indicate those you do not want us to contact

**DO NOT CONTACT:**

Employer: \_\_\_\_\_ Reason: \_\_\_\_\_

**Background**

Have you ever been convicted of a felony?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you ever been convicted, or admitted to or been the subject of substantial evidence of an act of child battering, abuse, neglect or molestation?  Yes  No

If Yes, please explain: \_\_\_\_\_

Number of years working with young children: \_\_\_\_\_

Do you hold any special certificates? \_\_\_\_\_

First Aid Training? \_\_\_\_\_ If so, date certified: \_\_\_\_\_

CPR Training? \_\_\_\_\_ If so, date certified: \_\_\_\_\_

Do you play piano or any other instruments? \_\_\_\_\_

Do you have an art, crafts background? \_\_\_\_\_

What special hobbies or interests do you feel you have for working with young children?

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

I attest that the information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon employer to continue to employ me in the future.

Signature

Date

**Office Use Only**

Employer	Person Contacted	Results
1		
2		
3		
4		

Interviewer Name and Comments

**Additional Information:**