



MONTESSORI SCHOOL of BOWLING GREEN
 515 Sand Ridge Road
 Bowling Green, OH 43402
 phone 419.352.4203 | fax 419.353.1914
 www.MontessoriSchoolBG.org

Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Position Applied for			
How did you hear about MSBG and /or this position?			
Please list any qualities, attributes, experience, etc. you may wish to provide that sets you apart for this position:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	

PREVIOUS EMPLOYMENT

Company		Phone		
Address		Supervisor		
Job Title		Responsibilities		
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone		
Address		Supervisor		
Job Title		Responsibilities		
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone		
Address		Supervisor		
Job Title		Responsibilities		
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

PROFESSIONAL CERTIFICATIONS/LICENSES/CREDENTIALS

State	Type	Certification #	Date of Expiration
State	Type	Certification #	Date of Expiration
State	Type	Certification #	Date of Expiration

REFERENCES *Must have a total of three professional references, permission to speak to former supervisors granted above will be included in your total*

Full Name	Relationship
Company	Phone
Address	
Email	
Full Name	Relationship
Company	Phone
Address	
Email	
Full Name	Relationship
Company	Phone
Address	
Email	

CERTIFICATION

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.

Signature	Date
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FOR EMPLOYER USE ONLY

Date Received:	Date Interviewed:
Comments:	
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