



EMPLOYMENT APPLICATION

TLC Montessori is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

| | | | | |
|---|---|--|---|--------------------------------------|
| Last Name: | First: | M.I. | Social Security No.: | |
| Other Name(s) Used: | | | Home Phone: () | |
| Address: | | | Cell Phone: () | |
| E-Mail: | | | | |
| Position Applied For: | Salary Desired: \$____/hr. or \$_____/mon. | <input type="checkbox"/> Full Time | <input type="checkbox"/> Year-Round <input type="checkbox"/> Part Time | <input type="checkbox"/> Summer Only |
| Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list date(s), job title(s) & location(s): | | |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EDUCATION

| | | | |
|---|--|--------------|--|
| High School: | Address: | | |
| From: To: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma: | |
| College/ University: | Address: | | |
| From: To: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma: | |
| Other: | Address: | | |
| From: To: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma: | |
| List Any Professional Designations: | | | |
| Other Special Knowledge, Skills or Qualifications: | | | |
| <i>For Clerical Applicants Only:</i> | | | |
| Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, WPM: | |
| Computer Skills (Hardware/Software): | | | |

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position.
 All information **must** be completed.
 You may attach a resume, but not in place of completing the required information.

| | | | |
|----------------------------|-------------------|---------------------|------------------------|
| Employed From: | Employer Name: | Supervisor Name: | Starting Salary: \$ |
| Employed Until: | Employer Address: | Supervisor Phone: | Ending Salary: \$ |
| Job Title: | | Reason for Leaving: | |
| Duties & Responsibilities: | | | |

| | | | |
|----------------------------|-------------------|---------------------|------------------------|
| Employed From: | Employer Name: | Supervisor Name: | Starting Salary: \$ |
| Employed Until: | Employer Address: | Supervisor Phone: | Ending Salary: \$ |
| Job Title: | | Reason for Leaving: | |
| Duties & Responsibilities: | | | |

| | | | |
|----------------------------|-------------------|---------------------|------------------------|
| Employed From: | Employer Name: | Supervisor Name: | Starting Salary: \$ |
| Employed Until: | Employer Address: | Supervisor Phone: | Ending Salary: \$ |
| Job Title: | | Reason for Leaving: | |
| Duties & Responsibilities: | | | |

| | | | |
|----------------------------|-------------------|---------------------|------------------------|
| Employed From: | Employer Name: | Supervisor Name: | Starting Salary: \$ |
| Employed Until: | Employer Address: | Supervisor Phone: | Ending Salary: \$ |
| Job Title: | | Reason for Leaving: | |
| Duties & Responsibilities: | | | |

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature:

Date:

TLC Personnel Profile

Name: _____ **Date:** _____

**Please check five (5) only in each category that describe you best.*

PERSONALITY: CHECK 5 ONLY

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Warm & Friendly | <input type="checkbox"/> Good Relationship with Family | <input type="checkbox"/> Self-Directed | <input type="checkbox"/> Takes Initiative |
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Good Organizational Skills | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Voices Concerns | <input type="checkbox"/> Needs Praise/encouragement | <input type="checkbox"/> Independent | <input type="checkbox"/> Admits' mistakes |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Likes Brainstorming | <input type="checkbox"/> Dependable | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Consistent | <input type="checkbox"/> Random |
| <input type="checkbox"/> Punctual | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Flexible | <input type="checkbox"/> Tolerance |
| <input type="checkbox"/> Focused | <input type="checkbox"/> Self-assured | <input type="checkbox"/> Generous | <input type="checkbox"/> Aware |
| <input type="checkbox"/> Open minded | <input type="checkbox"/> Individualistic | | |

ADMINISTRATION: CHECK 5 ONLY

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Uncomfortable w/change | <input type="checkbox"/> Supportive | <input type="checkbox"/> Accurate |
| <input type="checkbox"/> Brainstorming | <input type="checkbox"/> Likes consistency | <input type="checkbox"/> Challenged | <input type="checkbox"/> Positive Attitude |
| <input type="checkbox"/> Voices concerns | <input type="checkbox"/> Takes Direction well | <input type="checkbox"/> Admits mistakes | <input type="checkbox"/> Initiative |
| <input type="checkbox"/> Versatile | <input type="checkbox"/> Respect co-workers | <input type="checkbox"/> Open to new ideas | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Honest | <input type="checkbox"/> Comfortable w/change | <input type="checkbox"/> Completes Jobs | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Prepared | | | |

WORK RELATIONSHIPS: CHECK 5 ONLY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Creative | <input type="checkbox"/> Good Rapport w/employee | <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Brainstormed |
| <input type="checkbox"/> Admits mistakes | <input type="checkbox"/> Completes jobs on time | <input type="checkbox"/> Communicates well | <input type="checkbox"/> Takes Direction |
| <input type="checkbox"/> Likes Change | <input type="checkbox"/> Need Praise/Encouragement | <input type="checkbox"/> Work Extra hours | <input type="checkbox"/> Gives direction |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Individualistic | <input type="checkbox"/> Generous | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Share Ideas | <input type="checkbox"/> Supportive | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Prepared | <input type="checkbox"/> Honest | <input type="checkbox"/> Aware |

CLASSROOM SKILLS: CHECK 5 ONLY

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Awareness | <input type="checkbox"/> Warm and Friendly | <input type="checkbox"/> Work Extra Hours | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Self-Directed | <input type="checkbox"/> Good Organizational skills | <input type="checkbox"/> Respectful | <input type="checkbox"/> Individualistic |
| <input type="checkbox"/> Voices Concerns | <input type="checkbox"/> Comfortable with Change | <input type="checkbox"/> Detailed | <input type="checkbox"/> Generous |
| <input type="checkbox"/> Enjoys a Challenge | <input type="checkbox"/> Uses lots of resources | <input type="checkbox"/> Order | <input type="checkbox"/> Random |
| <input type="checkbox"/> Admits Mistakes | <input type="checkbox"/> Good Communicator | <input type="checkbox"/> Takes direction | <input type="checkbox"/> Barnstormer |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Tolerance |
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Supportive | <input type="checkbox"/> Sequential | |

CIRCLE ONE OF THE FOLLOWING:

What type of learner are you? Tactile Visual Auditory

What style of learner are you? Global Analytic