



New Discoveries

Montessori Academy

1000 Fifth Avenue SE, Hutchinson, Minnesota 55350
320.234.6362 (office) 320.234.6300 (fax) www.newdiscoveries.org

Application for Employment

Date _____

(Please Print)

Name _____
(Last) (First) (Middle initial) (Maiden name)

Address _____

Telephone Number _____ e-mail address _____

If hired, can you provide the documents required to prove that you are authorized to work in the United States? _____

Position desired _____ Date available _____

How were you referred to our school? _____

Employment Record

Company Name /Address	Type of Work	Start/Stop Date	Pay	Reason for Leaving
1.				
2.				
3.				
4.				
5.				

Education

Type	Name/Location	Course	# Yrs.	Diploma
High School				
College or Technical Training				
Other				

References - other than relatives

Name	Occupation	Yrs. known	Contact Information
1.			
2.			
3.			

Please list any additional information that you would like to provide regarding your ability to perform the job for which you have applied – such as licenses, awards, hobbies, etc.

Criminal Background Information

Have you ever been charged with a misdemeanor or a felony? _____

If yes, explain the nature of the charge and the circumstances. _____

Were you convicted and/or did you plead guilty? _____

Give the date, city, state and district where convicted: _____

I understand that New Discoveries Montessori Academy follows an employment-at-will policy, in that either New Discoveries Montessori Academy or I may terminate my employment at any time, with or without prior notice, and with or without cause, as long as the reason is consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States and I must show the employer documents that will prove this.

I understand that in accordance with Minnesota Statute 123B.03 and 299C.62, New Discoveries Montessori Academy will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, including my current employer, unless otherwise noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission may result in dismissal or refusal of employment.

Signature of Applicant: _____ Date: _____