

 $1000\ 5^{\rm th}$  Avenue SE, Hutchinson, Minnesota 55350 320.234.6362 (office) 320.234.6300 (fax) www.newdiscoveries.org

Application for Employment				Date:				
(Please Print) Name_								
Address	(Last)	(First)		(Middle initial)	(Maid	en name)		
Telephone Number		e-mail addres	SS					
If hired, can y	you provide the docu	ments required to prove that	you are	authorized to work	in the United	l States? Y/N		
Position desired			Date available					
How were you	u referred to our sch	ool?						
<u>Employmen</u>	t Record							
Company Name/Address		Type of Work	Type of Work		Reason for	Reason for Leaving		
1.								
2.								
3.								
4.								
5.								
Education								
Туре	Name/Location		Cou	ırse	# Yrs.	Diploma		
High School								
College or Technical								
Training Other								

## **<u>References</u>** - other than relatives

Name	Occupation	Yrs. known	Contact Information
1.			
2.			
3.			
· .			
Please list any additional information that you have applied – such as licenses, award		ng your ability to	perform the job for which
Criminal Background Information			
Have you ever been charged with a misde	meanor or a felony? Y/N		
If yes, explain the nature of the charge an	d the circumstances		
if yes, explain the hature of the charge an	d the circumstances.		
Were you convicted and/or did you plead	guilty?		
Give the date, city, state and district where	e convicted:		
orve the date, dry, state and district when			<del></del>
I understand that New Discoveries Montessori Acade may terminate my employment at any time, with or vistate or federal law. I understand that this application to work in the United States and I must show the em	without prior notice, and with or without con is not a contract of employment. I und	ause, as long as the	reason is consistent with applicable
I understand that in accordance with Minnesota Stati	ute 123B.03 and 299C.62. New Discoverie	s Montessori Academ	y will thoroughly investigate my
work and personal history, and verify all data given of firms named therein, including my current employer, all liability for damage in providing this information.	n this application, on related papers, and	in interviews. I auth	orize all individuals, schools, and
I certify that all the statements herein are true and u	nderstand that any falsification or willful o	omission may result in	n dismissal or refusal of employment.
Signature of Applicant:			Date: