



Employment Application

FULLERTON CAMPUS

2025 E. Chapman Ave.

Fullerton, CA 92831

Tel: 714.879.6091

Fax: 714.879.1921

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you available to work Full Time Part Time Shift Work Temporary Number of hours per week: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a crime? YES NO How did you hear about us? _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please check the items below that you feel you are qualified for, or are willing to share with our school community.

Singing Piano Science Creative Writing Dancing Gardening Computer Lab

Volunteer Fundraising Events Committee Chair Person Microsoft Word Microsoft Excel

Microsoft Publisher Internet Research

Please list any other skills or talents you may have which would contribute to this position:

Previous Employment

(Begin with most recent employer, account for last 10 years)

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Disclaimer and Signature

_____ **Initial here** I give IvyCrest Montessori Private School the right to investigate all work history and personal references. I consent to a background investigation that may include information such as criminal, credit and driving records. I understand that, due to the environment, mandatory fingerprinting is required and that my information will be verified against the Child Abuse Index. I agree to have a physical exam if requested. Furthermore, I give IvyCrest Montessori Private School the right to verify any educational reference given in this application. I hereby release from liability IvyCrest Montessori School and its representatives for seeking such information and all other corporations, educational institutions, individuals or organizations for furnishing such information.

_____ **Initial here** It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or discharge from the employer's service if I have been employed.

_____ **Initial here** In the event of my employment by IvyCrest Montessori Private School, I agree to abide by all present and subsequently issued rules, policies and programs of IvyCrest Montessori Private School.

_____ **Initial here** I understand that before any contact with children, I must have my fingerprints on file with the Department of Social Services, CPR/First-Aid Certification, and a current physical with a TB test. I understand that any cost incurred for these requirements are my own responsibility and I will not be reimbursed for these services.

_____ **Initial here** I understand that IvyCrest Montessori Private School has dress code guidelines that I must abide by. I understand that I must purchase my own attire from the recommended sources before my first day of work and will not be reimbursed for such purchases. I understand that IvyCrest Montessori Private School has the right to send me home if I am not in accordance with the dress code.

Signature: _____ Date: _____

- Office Use Only -

Interview Date: _____ Volunteer Date: _____ Room #: _____ Hourly Wage: _____

Comments: _____

Initials _____