

East Fort Worth Montessori Academy

Application for Employment

(Please Print Clearly)

East Fort Worth Montessori Academy (EFWMA) is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, creed, national origin, religious persuasion, marital status, sexual orientation, veteran status, political belief or disability that does not prohibit performance of essential job functions or any other basis prohibited by federal or applicable state or local law.

I. Personal Information

Today's Date _____

_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Title	First	Middle Initial	Last	Birth Date	Male	Female	
Current Address: _____	Street Number	_____	City,	State	Zip Code	_____	County
Permanent Address: (if different than above) _____	Street Number	_____	City,	State	Zip Code	_____	County
(_____) _____ - _____	(_____) _____ - _____	(_____) _____ - _____					
Home Phone Number	Cellular Phone Number	Business Phone Number					
_____	_____	_____					
Social Security Number	Emergency Contact Person	_____	Emergency Contact Phone Number				
_____	_____	_____					
Email _____							

Position Applying For: _____ **Who**
referred you to EFWMA? _____

Do you have any friends or relatives working for EFWMA? Yes No

If yes, who and what is the relationship? _____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed: Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
If yes, state nature of the crime(s), when and where convicted and disposition of the case(s):

Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

II. Educational History	School Name/Location	Years Completed	Degree/Diploma	Certification(s)
High School	_____	_____	_____	_____
College/ University	_____	_____	_____	_____
Advanced Degree(s)	_____	_____	_____	_____
Vocation/Business	_____	_____	_____	_____
Other	_____	_____	_____	_____

III. Employment Record

List below all present and past employment starting with your most recent employer for the last five years. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Dates Employed: _____ to _____ Reason for Leaving: _____

Company Name Supervisor's Name (_____) _____ - _____ \$ _____ Yes No
Name Name Phone Number Annual or Contact
Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____

Company Name Supervisor's Name (_____) _____ - _____ \$ _____ Yes No
Name Name Phone Number Annual or Contact
Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____

Company Name Supervisor's Name (_____) _____ - _____ \$ _____ Yes No
Name Name Phone Number Annual or Contact
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Dates Employed: _____ to _____ Reason for Leaving: _____

Company Name Supervisor's Name (_____) _____ - _____ \$ _____ Yes No
Name Name Phone Number Annual or Contact
Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____

Company Name Supervisor's Name (_____) _____ - _____ \$ _____ Yes No
Name Name Phone Number Annual or Contact
Hourly Salary Permission

Dates Employed: _____ to _____ Reason for Leaving: _____

Company Name Supervisor's Name (_____) _____ - _____ \$ _____ Yes No
Name Name Phone Number Annual or Contact
Hourly Salary Permission

IV. References

List below three (3) persons not related to you who have knowledge of your work performance within the last three (3) years.

Name of Reference	Years Known	Telephone Number
_____	_____	(_____) _____ - _____
_____	_____	(_____) _____ - _____
_____	_____	(_____) _____ - _____

V. Work Availability

If your application receives favorable consideration, when will you be available to begin work? _____

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DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with Li Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$_____ to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Applicant Date of Birth

Date

East Fort Worth Montessori Academy
Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed: _____	
YES _____	NO _____ _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

