



1420 W. 7th St., San Pedro, CA, 90732
 Phone: (424) 477 - 5502 | careers@montessoritots.com

Employment Application

Personal Data

Name:			Date:		
Street Address:					
City:		State:		Zip:	
Phone #:			Are you a Veteran?		
<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Level of Education Completed:					
<input type="checkbox"/> High School <input type="checkbox"/> Trade School <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Other					
Professional Organizations:					
If under 18, please list age:		Do you have a driver's license:			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Drivers License Number:			Issued in What State:		
Accidents during the past three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How Many:	
Moving violations during the past 3 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		How Many:	
Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If selected for employment are you willing to submit to a background check?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment)					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					

Position

Position Applying For:			Available Start Date:		
Availability:		Status:			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Shift:		Shift:			
<input type="checkbox"/> Days <input type="checkbox"/> Evenings		<input type="checkbox"/> Graveyard <input type="checkbox"/> Swing <input type="checkbox"/> Weekends			
Desired Pay:		Will you work overtime?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been told or read the essential functions of the job and can you perform them? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Education

School Name	Location	Degree Received	Major

List any special skills or experiences that you feel would help you in the position that you are applying for.

Work History

Job Title:		Start Date:	End Date:
Company Name:		Supervisors Name:	
City:		State:	Zip:
Phone #:	Starting Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Title:		Start Date:	End Date:
Company Name:		Supervisors Name:	
City:		State:	Zip:
Phone #:	Starting Salary:	Ending Salary:	
Duties:			
Reason for Leaving:			

