



Capital Montessori School

Application for Employment or Volunteer Service

(A Licensed Child Care Center)

- The Capital Montessori School does not discriminate in its hiring practices in accordance with the Washington State Human Rights Commission and state law. Applicants must be over 16-years old to work under supervision in a child care facility and must be over 18-years old to have sole charge of a child care center group.
- Employment or volunteer service in a licensed child care agency is conditional on a background check completed by the licensing unit.
- Upon employment, you will be required to show proof of identity and citizenship.

1. Position for which You Are Applying		2. Date				
3. Your name		4. Birthdate		5. Social Security Number		
6. Your Home Address		City	State	Zip Code		
7. Phone Number/Email						
8. Do You Have A Current:						
Thurston County Food Handlers Card?				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis Test Results?				<input type="checkbox"/>	<input type="checkbox"/>	
Infant/Child CPR/First Aid Certification?				<input type="checkbox"/>	<input type="checkbox"/>	
Washington State Drivers License?				<input type="checkbox"/>	<input type="checkbox"/>	
9. Education:						
High school graduate or GED test passed				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
Early Childhood Education Course Work in High School				<input type="checkbox"/>	<input type="checkbox"/>	
Post High School Training (College, Business School, Military, Etc.):				<input type="checkbox"/>	<input type="checkbox"/>	
10. Conferences/workshops you have attended related to job duties:						
Name and Location		Dates	Credits Earned	Graduated?	Degree/Date	Major or Subject
10. Conferences/workshops you have attended related to job duties:						
Title of Conference/Workshop		Clock Hours	Trainer or Sponsor			

11. Employment History (Start with current or most recent employer, include volunteer experience):

Employed By:		Telephone Number	From (Month, Year)
Address		City State Zip Code	To (Month, Year)
Specific Duties	_____		Total Time Employed
	_____		Hours Per Week/Last Salary

Reason For Leaving			Supervisors Name
Employed By:		Telephone Number	From (Month, Year)
Address		City State Zip Code	To (Month, Year)
Specific Duties	_____		Total Time Employed
	_____		Hours Per Week/Last Salary

Reason For Leaving			Supervisors Name
Employed By:		Telephone Number	From (Month, Year)
Address		City State Zip Code	To (Month, Year)
Specific Duties	_____		Total Time Employed
	_____		Hours Per Week/Last Salary

Reason For Leaving			Supervisors Name
Employed By:		Telephone Number	From (Month, Year)
Address		City State Zip Code	To (Month, Year)
Specific Duties	_____		Total Time Employed
	_____		Hours Per Week/Last Salary

Reason For Leaving			Supervisors Name
Employed By:		Telephone Number	From (Month, Year)
Address		City State Zip Code	To (Month, Year)
Specific Duties	_____		Total Time Employed
	_____		Hours Per Week/Last Salary

Reason For Leaving			Supervisors Name

If more space is needed to write your employment history, attach another sheet of paper.

12. May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Professional/Personal References: (At Least One Must Be Business Related)		
Name	Address	Telephone Number
14. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in the application which will allow Capital Montessori School to make an employment decision.		
Your Name (Printed)	Your Signature	Date

The Following Material is Confidential and Voluntary.

You cannot be denied employment for failure to complete the following questions.

They are being asked under authority of Revised Cod of Washington (RCW) 74.15.03 which empowers the Department of Social and Health Services to develop standards related to the character, suitability, and competence of an agency and other persons associated with an agency directly responsible for the care and treatment of children and under the authority of administrative code requirements.

These administrative code requirements state that persons associated with licensed agencies who have access to children shall demonstrate the understanding, ability, personality, emotional stability, and physical health suited to meet the cultural, emotional, mental, physical, and social needs of children in care.

<u>Have you:</u>	Yes	No
Had a serious injury or illness or been hospitalized during the past year, or had a history of mental or physical limitation?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under medication?	<input type="checkbox"/>	<input type="checkbox"/>
Been diagnosed as: chemically dependent, psychopathic and/or psychotic?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been found incompetent to stand trial?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently engage in the excessive use of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Had any traffic violations in the past three years (for a position which involved transporting children)?	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please attach a statement of explanation for any “Yes” answer or for any question that you do not understand or any question you do not know how to answer.