

AGBMS EMPLOYMENT APPLICATION



Alexander Graham Bell Montessori School and AEHI
 9300 Capitol Drive
 Wheeling, IL. 60090
 Phone: 847-850-5490
 Fax: 847-850-5493

APPLICANT INFORMATION

Last Name:		First Name:		M.I.	Date:
Street Address:				Apartment/Unit #	
City:		State:		Zip Code:	
Home Phone:		Cell Phone:		E-Mail Address:	
Social Security #					
Position Applied for:					
Are you a citizen of the United States or eligible non-citizen? <i>Circle One:</i> Yes No			If no, are you authorized to work in the United States: <i>Circle One:</i> Yes No		
Hours Available:					

EDUCATION

High School (Name, City, State):	
Graduation Date:	
Business or Technical School:	
Dates Attended:	Degree, Major:
Undergraduate College:	
Dates Attended:	Degree, Major:
Graduate School:	
Dates Attended:	Degree, Major:

REFERENCES

Please list three professional references:

Full Name:	Relationship/ Position
Company	Phone ()
Full Name:	Relationship/ Position
Company	Phone ()
Full Name:	Relationship/ Position
Company	Phone ()

AGBMS JOB APPLICATION – Continued . . .

PREVIOUS EMPLOYMENT (List Your Last Job Held)			
Company		Phone ()	
Address:		Supervisor	
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? <i>Circle One</i> Yes No			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to a student employment placement, I understand that false or misleading information in my application or interview may result in my release. Completion of this application does not constitute employment placement or guaranteed position.			
Signature:		Date:	