

# 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?		<i>Check One</i> Yes No		Are you authorized to work in the US (only for those who check No) Yes No	

## 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 . . .

<b>PREVIOUS EMPLOYMENT (List Your Last Job Held)</b>			
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>Check One</i> Yes    No			
<b>DISCLAIMER AND SIGNATURE</b>			
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:	