



**Spell Well Montessori School**  
 17512 W Strack Drive Spring, Texas 77379  
 Main (281) 376-0811 Fax (281) 251-5407  
[www.spellwellmontessori.com](http://www.spellwellmontessori.com)

**Equal Opportunity Employer:** Spell Well Montessori is an equal opportunity employer; this application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Position Applying for \_\_\_\_\_

Requested Wage \_\_\_\_\_  Hourly  Monthly

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Telephone Number \_\_\_\_\_

Age if *under 18* \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a US Citizen?  Yes  No If no, can you work legally?  Yes  No

Are you a High School Graduate?  Yes  No If yes, give graduation year \_\_\_\_\_

If no, do you have your GED?  Yes  No

Do you have a current First Aid and CPR Certificate?  Yes  No

Do you have a Driver's License?  Yes  No Do you have reliable transportation? \_\_\_\_\_

Do you know any of our present employees or parents of our students?  Yes  No

If yes, list them and your relationship: \_\_\_\_\_

Are you available 5 days per week?  Yes  No

We are open from 6:30am through 6:30 pm. Are you available to open at 6:30am?  Yes  No  
 Are you available to close at 6:30pm?  Yes  No

List any restriction you have to working those hours: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied to / worked for Company before?  Yes  No

If yes, please explain (include dates): \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If hired, are you willing to submit to and pass a controlled substance test?  Yes  No

Have you ever been convicted of a crime or felony?  Yes  No

Have you ever held a child care license or been registered to provide child care in your home?

While employed in a child care program, have you ever been the subject of a disciplinary action, or been responsible for a child care facility receiving write up, administrative fine or other disciplinary action?  Yes  No

*"We give children knowledge with love."*

**SPELL WELL MONTESSORI SCHOOL APPLICATION CONTINUED**  
**BACKGROUND INFORMATION**

**Background Information** – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

1. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) YES  NO

If "YES", use item 9 to provide **the date**, explanation of violation, place of occurrence, and the name and address of the police department or court involved.

2. Have you been convicted by a military court-martial in the past 5 years? YES  NO

If "YES", use item 9 to provide **the date**, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

3. Are you now under charges for any violation of law? YES  NO

If "YES", use item 9 to provide **the date**, explanation of violation, place of occurrence, and the name and address of the police department or court involved.

4. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? YES  NO

If "YES", use item 9 to provide **the date**, an explanation of the problem, reason for leaving, and the employer's name and address.

5. Have you **ever** been arrested for or charged with a crime involving a child? YES  NO

If "YES", use item 9 to provide **the date**, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

6. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? YES  NO

If "YES," use item 9 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.

7. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or illegally used prescription drugs? YES  NO

If "YES", use Item 9 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.

8. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another? YES  NO

If "YES", use Item 9 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.

9. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.

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## SPELL WELL APPLICATION CONTINUED - WORK EXPERIENCE

|   |                  |                         |                          |                         |
|---|------------------|-------------------------|--------------------------|-------------------------|
| Month/Year<br>From)   | Month/Year<br>To | Employer Name           | Position Title           |                         |
| Employer Street Address   |                  | City                    | State                    | Zip Code                |
| Supervisor's Name   |                  | Telephone number<br>( ) | Other Employer Reference | Telephone Number<br>( ) |
| May we contact your current employer? Also state the reason you are looking for employment elsewhere. |                  |                         |                          |                         |

|                         |                  |                         |                          |                         |
|-------------------------|------------------|-------------------------|--------------------------|-------------------------|
| Month/Year<br>From)     | Month/Year<br>To | Employer Name           | Position Title           |                         |
| Employer Street Address |                  | City                    | State                    | Zip Code                |
| Supervisor's Name       |                  | Telephone number<br>( ) | Other Employer Reference | Telephone Number<br>( ) |
| Reason you left         |                  |                         |                          |                         |

|                         |                  |                         |                          |                         |
|-------------------------|------------------|-------------------------|--------------------------|-------------------------|
| Month/Year<br>From)     | Month/Year<br>To | Employer Name           | Position Title           |                         |
| Employer Street Address |                  | City                    | State                    | Zip Code                |
| Supervisor's Name       |                  | Telephone number<br>( ) | Other Employer Reference | Telephone Number<br>( ) |
| Reason you left         |                  |                         |                          |                         |

|                         |                  |                         |                          |                         |
|-------------------------|------------------|-------------------------|--------------------------|-------------------------|
| Month/Year<br>From)     | Month/Year<br>To | Employer Name           | Position Title           |                         |
| Employer Street Address |                  | City                    | State                    | Zip Code                |
| Supervisor's Name       |                  | Telephone number<br>( ) | Other Employer Reference | Telephone Number<br>( ) |
| Reason you left         |                  |                         |                          |                         |

|                         |                  |                         |                          |                         |
|-------------------------|------------------|-------------------------|--------------------------|-------------------------|
| Month/Year<br>From)     | Month/Year<br>To | Employer Name           | Position Title           |                         |
| Employer Street Address |                  | City                    | State                    | Zip Code                |
| Supervisor's Name       |                  | Telephone number<br>( ) | Other Employer Reference | Telephone Number<br>( ) |
| Reason you left         |                  |                         |                          |                         |

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**PROFESSIONAL / BUSINESS REFERENCES**

Name: \_\_\_\_\_

Company & Position: \_\_\_\_\_

Address (City, St at least): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Company & Position: \_\_\_\_\_

Address (City, St at least): \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Company & Position: \_\_\_\_\_

Address (City, St at least): \_\_\_\_\_

Telephone: \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to Spell Well Montessori School's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Spell Well's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Spell Well. I understand that no company representative, other than it's Director, and then only when in writing and signed by the Director, has any authority to enter into any agreement for employment for and specific period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Received by: \_\_\_\_\_

Date \_\_\_\_\_

Comments:  
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