

MAY SANDS MONTESSORI SCHOOL

a public school of choice

1400 United Street, #110, Key West, FL 33040 Tel: 305-293-1400, EXT. 53418

Applicant's Legal Name:			Gender			
Home Address:						
City:	State:			Zip Code:		
Email Address:		Cell Phone:				
Driver License Number:	State Issued	State Issued: Ex				
Social Security Number:						
Ethnicity: Hispanic or La	atino (Indicate Y o	r N) (Please sel	lect at least o	one race below)		
Racial Category (Please	mark ALL that ap	ply):				
White Black	Asian	Alaskan Native or	American In	dianPac	ific Islander	
Yes No Your application will not be proc requested for each charge. Pleas						
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Employment Experience (Begin with the most recent):

Employer	Address & Phone #	Supervisor	Position held	Date employed	Reason for leaving				
false statements or May Sands Montes employers to give a have concerning me I understan pending fingerprint qualified physician enforcement agencie All informa Statute 119.07, exce the May Sands Mor religion, sex, nation undermines the interpretations.	question or subject to winformation furnished sori School, I agree to my information regardict. Indicate that I will be fingery to processing and paym if required as a condition contained in the attention contained in the attention contained in the attention same by be special tessori School not to dinal origin, marital state egrity of the employmentation, and other terms attention of Applicant: Let Marie the marital state of Applicant:	by me will subject me of comply with all its ong my employment worinted as a matter of ent of fees associated tion of employment. For the Private Act. pplicant's file is public fically excluded form the iscriminate against entus, age, or handicagent relationship, and is and conditions of employment.	to discharge at any tip orders, rules, and resith them and, in additional protection and identify with the fingerprint of authorize the release conformation subject to the Public Records Actually Records Actually and the prohibited. This policy is prohibited. This policy or applicants of the prohibited. This policy is not a prohibited.	me. In the event that egulations. I hereby tion, to furnish any of fication, and will be or process. I will have a se of all information for disclosure under the fig. Florida Statute 231. for employment on the is a form of employ	I am employed by the authorize my former ther information they in probationary status a physical exam by a from any and all law a provisions of Florida 291. It is the policy of the basis of race, color, ee misconduct which				
Release Authorizing Credential Check									
perform all checks friends, business a regarding my suital police and/or credit any kind against M further release and contacted by MSMS any kind or nature	the May Sands Montes of my credentials as a ssociates, or other individual for employment. I report, and such other (SMS, its agents, its end forever discharge MS) as part of its investigation whatsoever arising from kind as to whether one of the same state of the	llowed by law, includividuals that MSMS, further authorize MS checks as MSMS deep aployees, or any individuals, its agents, its enation, from any and alom MSMS' investigat	ing but not limited to in its sole discretion MS to perform the fol- ms appropriate. I agre iduals contacted by Mi mployees and the ind I claims, demands, da- tion of my credentials	discussions with suplements, believes may have lowing checks on my ce not to assert claims SMS, arising out of Mividuals and companimages, actions, cause. I acknowledge that	pervisors, co-workers, relevant information credentials: request of or causes of action of ISMS' investigation. I tes or school systems s of action, or suits of				
Printed Name		Signature		Date					