



# CADEMY FOR CHILDREN

A Montessori School and  
Child Care Center

Dear Applicant,

Thank you for your interest in the Academy for Children and the Academy for Children Elementary. We look forward to receiving your application and will be contacting potential candidates for interviews related to any current positions we have available.

If you have any questions about the application or about potential positions please feel free to contact the Academy at (701) 280-0718 or at [AFCmont@att.net](mailto:AFCmont@att.net).

Sincerely,

DeLynda Tappe  
Director



**WORK EXPERIENCE**

Please list the most recent employment first.

Name & Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Starting wage/salary: \_\_\_\_\_ Ending wage/salary: \_\_\_\_\_  
 Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ May we contact this employer  Yes  No

Name & Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Starting wage/salary: \_\_\_\_\_ Ending wage/salary: \_\_\_\_\_  
 Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ May we contact this employer  Yes  No

Name & Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Dates of employment: \_\_\_\_\_  
 Starting wage/salary: \_\_\_\_\_ Ending wage/salary: \_\_\_\_\_  
 Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ May we contact this employer  Yes  No

**EDUCATION**

	Name, City & State of School	Course/Major	Diploma or Degree completed (Please indicate if you are currently attending school).
High School	_____	_____	_____
College or University	_____	_____	_____
Other (Specify)	_____	_____	_____
	_____	_____	_____

**REFERENCES**

Name	Phone Number	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all information on this application is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_