



The CHARLTON School

322 Lake Hill Rd. Burnt Hills, NY 12027 Phone (518) 399-8182 Fax (518) 399-8195

| APPLICANT INFORMATION | | | | | | | | | | | |
|---|--|-----------------------------|------------------------------|-------------------|-------------------------------------|------------------------------|--|--------------------------------|-------------------|--|--|
| Last Name | | | First | | | M.I. | | Date | | | |
| Street Address | | | | | | Apartment/Unit # | | | | | |
| City | | | State | | ZIP | | Home # | | Cell # | | |
| E-mail Address | | | | | Do you have a NYS Driver's License? | | Yes () No () | | Social Security # | | |
| Availability | | Full-Time () Part-Time () | | Can you work? | | S M T W T F S | | If Part-Time, What hours/days? | | Days: Hours: | |
| Position Applied for | | | | | | When can you start? | | | | | |
| Are you a citizen of the United States? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Have you ever worked for this company? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If so, when? | | | | |
| Have you ever been convicted of a felony? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If yes, explain | | | | |
| EDUCATION | | | | | | | | | | | |
| High School | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | |
| College | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | |
| Other | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | |
| Teaching Certifications or Licenses: | | | | | | | | | | | |
| PERSONAL REFERENCES | | | | | | | | | | | |
| <i>Please list three personal references.</i> | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Email | | | | | | Phone | | | | | |
| Home Address | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Email | | | | | | Phone | | | | | |
| Home Address | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Email | | | | | | Phone | | | | | |
| Home Address | | | | | | | | | | | |



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CURRENT EMPLOYMENT

| | | | |
|--|----|--------------------|--|
| Company | | Phone | |
| Address | | City/State/Zip | |
| Job Title | | Supervisor | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

PREVIOUS EMPLOYMENT

| | | | |
|---|----|--------------------|--|
| Company | | Phone | |
| Address | | City/State/Zip | |
| Job Title | | Supervisor | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| | | | |
|---|----|--------------------|--|
| Company | | Phone | |
| Address | | City/State/Zip | |
| Job Title | | Supervisor | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

Additional Trainings or Special Skills:

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|