



# The CHARLTON School

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

APPLICANT INFORMATION												
Full Name								Date				
Street Address							Apartment/Unit #					
City			State		ZIP		Home #		Cell #			
E-mail Address						Do you have a NYS Driver's License?			Yes ( ) No ( )			
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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<b>CURRENT EMPLOYMENT</b>			
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"/>			
<b>PREVIOUS EMPLOYMENT</b>			
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"/>			
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"/>			
<b>Additional Trainings or Special Skills:</b>			
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
<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 employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date