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 ashokancenter.org

EMPLOYMENT APPLICATION

Date: _____

Position Applying for: _____

 Last Name First Name M.I.

CURRENT ADDRESS:

 Street City State Zip Code

 Home Phone Cell Phone

 Social Security Number Date of Birth Email

Emergency Contact: _____
 Name Address Phone

Are you a U.S. citizen? Yes No. If not, do you have proof that you are eligible to work in the U.S.? Yes No

Have you ever been employed by The Ashokan Center before? Yes No

If yes, dates? _____ to _____, what position: _____

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

If yes, please explain: _____

EDUCATION:

School	Name/Address	From/To	Major/Minor	# Years	Degree & Date
High School					
Undergraduate					
Graduate/Professional					
Other (specify)					

Teaching Certifications and Memberships in Relevant Professional Organizations:

Official First Aid Training/CPR and/or Certification with Expiration Dates:

WORK EXPERIENCE: Start with your last job. Include any job-related military service assignments and volunteer activities.

Present or Last Employer/Address/Phone Number:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed: From: _____ to _____	Starting Salary:	Present/Ending Salary:
Supervisor's Name/Phone Number:		Supervisor's Title:
Job Title:	Responsibilities:	
Reason for leaving:		

Present or Last Employer/Address/Phone Number:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed: From: _____ to _____	Starting Salary:	Present/Ending Salary:
Supervisor's Name/Phone Number:		Supervisor's Title:
Job Title:	Responsibilities:	
Reason for leaving:		

Present or Last Employer/Address/Phone Number:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed: From: _____ to _____	Starting Salary:	Present/Ending Salary:
Supervisor's Name/Phone Number:		Supervisor's Title:
Job Title:	Responsibilities:	
Reason for leaving:		

PERSONAL/PROFESSIONAL REFERENCES (please do not include family members)

Name	Address	Phone	Occupation	How long known?

ADDITIONAL INFORMATION:

Please provide any additional information that you feel will be helpful to us in considering your application.

I certify that all information I have provided in order to apply for and secure work with The Ashokan Center is true, complete and correct. If employed, any misstatement, omission or misrepresentation on this Application may result in my immediate dismissal.

I understand upon offer of employment, The Ashokan Center will conduct a criminal background check prior to and during my employment as well as a National Sex Offender Registry check.

I understand that The Ashokan Center does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, gender, ancestry, disability, or genetic information; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available.

Signature

Date

OFFICE USE ONLY

Interviewer's Comments: _____

Hired: _____ Confirmed: _____ Hold: _____ Salary: _____
