

WINDSOR  **ACADEMY**
EDUCATIONAL CAMPUS

DIRECTOR
Rita Epstein

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New Windsor, New York 12553
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Employment Application

Date of application:

Date of availability:

Name:

Home Address:

Home Telephone:

Cell Phone:

E-mail:

Social Security #:

Name of High School and Graduation Date:

Additional Education - Name, Address, Dates of attendance and Degree received (if any)

Vocational School

Some College

Two Year Degree

Four Year Degree

Post-Graduate Work

Other Training

Certifications

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Please provide copies of any diplomas and certifications you have received

Previous Work Experience - Names and Dates with brief descriptions

Do you speak a second language (describe):

Talents, Hobbies, and Interests:

References - please list at least three (including telephone number and address for each reference) - both personal and professional accepted

You will also need to submit three letters of recommendation

1

2.

3.

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Do you have any clearances - criminal justice, state registry?

Details:

Type of Employment you are seeking:

Hours of availability:

Do you have children who will also need childcare (please note: this does not affect your employment opportunities, but does mean that you will also need to tour our facilities in the role of a parent)

Any additional information you would like to include:

Please initial:


____ I understand that as a part of my application I will be asked to fill out a State Central Register Clearance Form to determine if I was ever the subject of an indicted child abuse or maltreatment report.

____ I attest that to the best of knowledge I have never been convicted of a crime in the state of New York or any other jurisdiction.

____ I affirm that the information given in this application is accurate and understand that misrepresentation or omission of facts is cause for immediate dismissal.

(Please fill out following authorization page as well)

Signature _____

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Applicant Authorization for Release of Information

In connection with my application for employment with Windsor Academy, I authorize my present and former employers and any educational, professional, or licensing agency to respond to a request from:

Windsor Academy
Rita Epstein, Director
271 Quassaick Avenue
New Windsor, NY 12553

for verification of statements I have made on the employment application regarding my qualifications and employment history.

Applicant's Name
(print) _____ Signature _____

Date:

Other names by which you have been known: