

Employment Opportunities

THE KOLBURNE SCHOOL, INC.

343 NM-Southfield Road, New Marlborough, MA 01230
(413) 229-8787

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

This is to notify all persons that The Kolburne School, Inc. does not discriminate against any person because of his/her race, color, citizenship status, religious creed, national origin, sex, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, ancestry, physical or mental disability, marital status, status as a disabled or Vietnam Era veteran of the United States Armed Forces, or being a member of the Reserves or National Guard, or status in any group protected by state or local law, in the provision of or access to services, employment and activity. This is in accordance with all applicable federal and state law, including, but not limited to, Section 504 of the Rehabilitation Acts of 1973, as amended, the Americans with Disabilities Act, as amended, the Civil Rights Act of 1964, as amended., Article 114 of the Massachusetts Constitution, Chapters 151B and 272, sections 92,98, and 98A, of the Massachusetts General Laws and Executive Orders 227, 246 and 253.

This policy governs all aspects of employment, including, but not limited to, recruiting, selection, job assignments, promotion, termination, layoff, recall, transfer, leaves of absence, supervision, compensation, discipline, termination and access to benefits and training.

Date

Name

Address

City

State

Zip Code

Social Security
#

Phone

Email

Are you legally eligible for employment in the U.S.A.? yes no

from
Weekly Starting
Salary
Reason for Leaving

to
Weekly Ending Salary
Name of Supervisor

2

Company Name
Type of Business
Dates of employment:
from
Weekly Starting
Salary
Reason for Leaving

Address
Phone
to
Weekly Ending Salary
Name of Supervisor

3

Company Name
Type of Business
Dates of employment:
from
Weekly Starting
Salary
Reason for Leaving

Address
Phone
to
Weekly Ending Salary
Name of Supervisor

4

Company Name _____ Address _____
 Type of Business _____ Phone _____
 Dates of employment:
 from _____ to _____
 Weekly Starting Salary _____ Weekly Ending Salary _____
 Reason for Leaving _____ Name of Supervisor _____

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

Employer 1? yes no
 Employer 2? yes no
 Employer 3? yes no
 Employer 4? yes no

School	Name and Address of School	Course of Study	Last year completed	Did you Graduate?	List Diploma or Degree
Elem				yes no	
High				yes no	
College				yes no	
Other (specify)				yes no	

PERSONAL REFERENCES
(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
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May we telephone you to follow up on this application at home? yes no

If yes, what is the best time to call?

May we telephone you to follow up on this application at home? yes no

If yes, what is the best time to call?

What is your business telephone number? -

Please print this application and send it to the address above.

Building character one student at a time
