

# APPLICATION FOR EMPLOYMENT

**KEIO ACADEMY OF NEW YORK**  
3 College Road, Purchase, NY 10577 USA

**TO APPLICANT:** We are an equal opportunity employer and comply with all federal, state and local laws which prohibit discrimination in employment because of race, color, national origin, age (18 or older), sex, religion, disability, marital status, sexual orientation, veteran status or any other protected characteristics.

- INSTRUCTIONS:**
- 1) Type or print, using black ink.
  - 2) If you need an additional space, attach a supplemental sheet.
  - 3) Sign the completed application, attach with your resume and cover letter.
  - 4) Mail to: Human Resources, Keio Academy, 3 College Rd, Purchase, NY 10577 USA.

<b>GENERAL</b>					
NAME (LAST)	(FIRST)	(MI)	SS#	DATE OF APPLICATION	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY)					
PHONE		FAX		EMAIL	
ARE YOU PREVIOUSLY HIRE FOR KEIO? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES", DATE OF EMPLOYMENT		DEPARTMENT	POSITION SUPERVISOR
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>POSITION</b>					
POSITION APPLYING FOR				DEPARTMENT	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			DATE AVAILABLE	SALARY DESIRED	
<b>EMPLOYMENT HISTORY</b>					
					LIST MOST RECENT POSITION FIRST
START DATE	END DATE	TITLE	FINAL SALARY	MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		SUPERVISOR		REASON FOR LEAVING	
ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY)				PHONE	
TITLE/POSITION DESCRIPTION				FAX	
				EMAIL	
START DATE	END DATE	TITLE	FINAL SALARY	MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		SUPERVISOR		REASON FOR LEAVING	
ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY)				PHONE	
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EMPLOYER		SUPERVISOR		REASON FOR LEAVING	
ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY)				PHONE	
TITLE/POSITION DESCRIPTION				FAX	
				EMAIL	

## EMPLOYMENT HISTORY (CONT'D)

START DATE	END DATE	TITLE	FINAL SALARY	MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		SUPERVISOR		REASON FOR LEAVING
ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY)				PHONE
TITLE/POSITION DESCRIPTION				FAX
				EMAIL
START DATE	END DATE	TITLE	FINAL SALARY	MAY WE CONTACT THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYER		SUPERVISOR		REASON FOR LEAVING
ADDRESS (STREET, CITY, STATE, ZIP, COUNTRY)				PHONE
TITLE/POSITION DESCRIPTION				FAX
				EMAIL

# EDUCATION & TRAINING

LIST MOST RECENT FIRST

COLLEGE	NAME OF SCHOOL	MAJOR / SUBJECT	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY & STATE	DEGREE / DIPLOMA	
COLLEGE	NAME OF SCHOOL	MAJOR / SUBJECT	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY & STATE	DEGREE / DIPLOMA	
COLLEGE	NAME OF SCHOOL	MAJOR / SUBJECT	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY & STATE	DEGREE / DIPLOMA	
HIGH SCHOOL	NAME OF SCHOOL	MAJOR / SUBJECT	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY & STATE	DEGREE / DIPLOMA	
OTHER	NAME OF SCHOOL	MAJOR / SUBJECT	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY & STATE	DEGREE / DIPLOMA	
OTHER	NAME OF SCHOOL	MAJOR / SUBJECT	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CITY & STATE	DEGREE / DIPLOMA	

PROFESSIONAL LICENSES, COMPUTER & OTHER SKILLS AND TRAININGS

# LANGUAGE

<b>ENGLISH</b>				<b>JAPANESE</b>				<b>OTHER</b>	
<input type="checkbox"/>	SPEAK:	BASIC	INTERMEDIATE	NATIVE	<input type="checkbox"/>	SPEAK:	BASIC	INTERMEDIATE	NATIVE
<input type="checkbox"/>	READ:	BASIC	INTERMEDIATE	NATIVE	<input type="checkbox"/>	READ:	BASIC	INTERMEDIATE	NATIVE
<input type="checkbox"/>	WRITE:	BASIC	INTERMEDIATE	NATIVE	<input type="checkbox"/>	WRITE:	BASIC	INTERMEDIATE	NATIVE

# REFERENCES

LIST 3 PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME	MAILING ADDRESS	PHONE
TITLE		FAX
NAME	MAILING ADDRESS	PHONE
TITLE		FAX
NAME	MAILING ADDRESS	PHONE
TITLE		FAX

# AUTHORIZATION

The facts stated in my application for employment are true and complete. I understand that false statements shall be grounds for denial of employment and, if employed, for immediate dismissal. I authorize Keio Academy of New York to investigate all statements and claims contained within this application and subsequent oral interviews, and I acknowledge and agree that the Keio Academy of New York may check references from sources other than those references listed herein.

I hereby release all current and former employers from any changes or damages for releasing any and all employment information, whether subjective or objective, to Keio Academy of New York.

I also understand that an offer or acceptance of employment does not constitute a contract binding for any specific duration upon myself or the Keio Academy of New York.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_