

Return completed application to:

[REACHprogram@cofc.edu](mailto:REACHprogram@cofc.edu)  
Or in person at RSS 233

Resume Attached



**COLLEGE of CHARLESTON**

R.E.A.C.H. PROGRAM

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Permanent Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				E-mail Address					
Date Available			CWID #.			Completed TEDU 205?			
Position Applied for									
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 the college?			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			
REFERENCES									
<i>Please list references.</i>									
<b>Full Name</b>					Relationship				
Company					Phone				
Address									
<b>Full Name</b>					Relationship				
Company					Phone				
Address									
STUDIES									
Major:					Minor:				

Experience		
Job Title	Company	Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Phone		
Email Address		
Job Title	Company	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/>		
Phone		
Email Address		

MILITARY SERVICE	
Branch	From                  To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
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

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