

Application for Employment

Town of Charlestown

4540 South County Trail
Charlestown, RI 02813
Phone 401-364-1200

PLEASE PRINT

This employer is subject to the provisions of the Workers Compensation Act of the State of Rhode Island in accordance with Rhode Island General Law 28-32-1 as amended to date.

Position(s) applied for _____ Date of application _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone# (____) _____ Mobile _____

If you are under 18, and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you ever been employed here before? _____ Yes No

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

Educational Background if job related

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	

References

NAME	TELEPHONE	YEARS KNOWN

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT

I/We _____ hereby authorize the Town of Charlestown, its agents, officers and/or employees to conduct any and all background checks and hereby expressly give to the Town of Charlestown, its officers, agents and/or employees, the authority to be in receipt of any information concerning me regardless of its source regarding my application for employment with the Town of Charlestown

Signature of Applicant

Date of Birth

Signature of Parent (if applicant is under age 18)

Address

Social Security Number

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions:

Signature of Applicant _____

Date _____