



Application for Employment
 Town of New Shoreham
 P.O. Drawer 220
 Block Island, RI 02807
 (401) 466-3200

Internal Use Only:

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Town Manager's Office.

Position(s) applied for _____ Date of application ____/____/____

Referral Source

- Advertisement Employee Relative
 Walk-In Other _____

Name of source (if applicable) _____

Name _____ Social Security # _____
 Last First Middle

Island Address (if applicable) P.O. Box _____

Permanent Address _____
 Heading Street City State Zip

Telephone # () _____ Cell/Pager/Other # () _____ E-mail Address _____

If necessary, what is the best time to call you at home? _____ AM/PM

May we contact you at work? Yes No If yes, work number and best time to call () _____ AM/PM

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

If no, please explain _____

Have you previously submitted an application here? Yes No

If yes, give date(s) and position(s) _____

Have you been employed here before? Yes No

If yes, give date(s) and position(s) _____

Are you legally eligible for employment in this country? _____

Date available for work ____/____/____ What is your desired salary range? \$ _____

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

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

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

An Equal Opportunity Employer

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section below.

Employer	Telephone #	Start Date	End Date
Address			
Job Title		Start Salary	
Immediate Supervisor		\$	Per
Reason for Leaving		Final Salary	
May we contact for Reference? Yes No Later		\$	Per
Work performed and job responsibilities:			

Employer	Telephone #	Start Date	End Date
Address			
Job Title		Start Salary	
Immediate Supervisor		\$	Per
Reason for Leaving		Final Salary	
May we contact for Reference? Yes No Later		\$	Per
Work performed and job responsibilities:			

Employer	Telephone #	Start Date	End Date
Address			
Job Title		Start Salary	
Immediate Supervisor		\$	Per
Reason for Leaving		Final Salary	
May we contact for Reference? Yes No Later		\$	Per
Work performed and job responsibilities:			

Comments including explanation of any gaps in employment _____

Skills and Qualifications

Summarize any special 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)

Fill in information about the schools attended.

	Name	Number of Years Completed	Degree or Diploma	GPA or Class Rank	Major
High School					
College					
Other					

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Number of Years known

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical, disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical, disabilities, veteran/reserve National Guard or any other similarly protected status.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons and corporations for furnishing such information about me.

I understand that 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 applicable local, state or federal law.

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town Manager.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for _____ Date of application ____/____/____

Referral Source

- Advertisement Employee Relative
 Walk-In Other _____

Name of source (if applicable) _____

Applicant Information

Name _____ Telephone # _____
Last First Middle

Permanent Address _____
Street City State Zip

- Male Female

Please check one for the following Equal Employment Opportunity Identification Group:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/ Alaskan Native Asian/Pacific Islander

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Office and Clerical Workers Service Workers

Notes _____

Completed by _____ Date ____/____/____