



# Town of Smithfield

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We participate in the Workers Compensation Program through the RI Interlocal Trust.

*(Please Print)*

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

If you are less than 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
*If Yes, give date* \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
*If Yes, give date* \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented for lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

***WE ARE AN EQUAL OPPORTUNITY EMPLOYER***

# Education

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma Degree</b>
<i>Elementary School</i>				
<i>High School</i>				
<i>Undergraduate College</i>				
<i>Graduate Professional</i>				
<i>Other (Specify)</i>				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# Employment Experience

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

<b>2. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

<b>3. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

<b>4. Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

# Additional Information

## Other Credentials

List special state driving licenses and federal, state and/or local certifications:


## **Specialized Skills      Check Skills/Equipment Operated**

<input type="checkbox"/> MacIntosh <input type="checkbox"/> IBM <input type="checkbox"/> Calculator <input type="checkbox"/> Typewriter	<input type="checkbox"/> Fax <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Word <input type="checkbox"/> PBX System	Machinery (list): <hr/> <hr/> <hr/>	Other (list): <hr/> <hr/> <hr/>
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State any additional information you feel may be helpful to us in considering your application.


**Note to Applicants:** *DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.       Yes     No

## **References**

1.	
<i>Name</i>	<i>Phone</i>
<i>Address</i>	
2.	
<i>Name</i>	<i>Phone</i>
<i>Address</i>	
3.	
<i>Name</i>	<i>Phone</i>
<i>Address</i>	

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date*

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_

*Interviewer*

*Date*

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

*Name and Title*

*Date*

## NOTES

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