



TOWN OF NORTH SMITHFIELD

Memorial Town Building, Slatersville, RI 02876 401-767-2200

Fax: 401-766-0016

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, politics, handicap or national origin.

(Please Print)

DATE:		POSITION (S) APPLYING FOR:		Last
NAME: LAST		FIRST		
RESIDENCE ADDRESS: STREET		CITY		First
		STATE		
MAILING ADDRESS (if different than residence)		ZIP		MI
TELEPHONE NUMBERS: HOME ()		SOCIAL SECURITY NUMBER		
CELL () BUSINESS ()				
E-MAIL ADDRESS:		DATE AVAILABLE TO WORK:		SALARY DESIRED

AVAILABLE TO WORK: FULL-TIME PART-TIME TEMPORARY WEEKENDS SHIFT _____
 ARE YOU AT LEAST 18 YEARS OLD? YES NO
 HAVE YOU EVER BEEN EMPLOYED BY THIS TOWN? YES NO

IF YES, WHERE AND WHEN: _____
 DO YOU HAVE ANY RELATIVES EMPLOYED BY THIS TOWN? YES NO
 IF YES, WHO AND WHERE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (Proof of citizenship or immigration status will be required upon employment.) YES NO
 HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO

IF YES, PLEASE SPECIFY: _____

EDUCATION	Name and Address of School	Course of Study	Years completed	Diploma, Degree or Tech. Certifications or Licenses
Elementary School				
High School			1 2 3 4	
Undergraduate College			1 2 3 4	
Graduate Professional				
Other (Specify)				

EMPLOYMENT HISTORY - LIST PRESENT OR MOST RECENT EMPLOYER FIRST

PRESENT OR LAST EMPLOYER	JOB TITLE	DATES: FROM
		TO
NAME IF OTHER THAN PRESENT (FOR REFERENCE PURPOSES)	DUTIES	SALARY
ADDRESS	SUPERVISOR	REASON FOR LEAVING
PHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	JOB TITLE	DATES: FROM
		TO
NAME IF OTHER THAN PRESENT (FOR REFERENCE PURPOSES)	DUTIES	SALARY
ADDRESS	SUPERVISOR	REASON FOR LEAVING
PHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	JOB TITLE	DATES: FROM
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ADDRESS	SUPERVISOR	REASON FOR LEAVING
PHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	JOB TITLE	DATES: FROM
		TO
NAME IF OTHER THAN PRESENT (FOR REFERENCE PURPOSES)	DUTIES	SALARY
ADDRESS	SUPERVISOR	REASON FOR LEAVING
PHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IN CASE OF EMERGENCY PLEASE NOTIFY	NAME	RELATIONSHIP
	ADDRESS	PHONE

I hereby certify that the statements made by me on this application for employment and any accompanying documents, are true, correct and complete to the best of my knowledge. I understand that any falsification or omission made on this application or in connection with any references and/or criminal background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment and/or employment, grounds for immediate dismissal.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without a fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Town officials.

If offered employment, I agree to submit to a medical examination and drug test before starting work and after employment at any time deemed appropriate by the Town and as permitted by law.

As a condition of employment, I authorize the Town to thoroughly investigate all statements contained in my application and/or resume. I authorize my former employers and references to disclose information regarding my employment, character and general reputation and release them and the Town from any and all claims, demands, or liabilities as a result of such investigation or disclosure.

SIGNATURE _____

DATE _____



TOWN OF NORTH SMITHFIELD

TO ALL APPLICANTS

The Town of North Smithfield is an Affirmative Action Employer.

As such, we are required to maintain various statistics relative to applicants.

We ask you to voluntarily complete the following to assist us in maintaining these statistics. This information is kept in a confidential file, separate and apart from your employment application. The information will never be used as a determinant for employment, but only for the Town's Affirmative Action Plan statistics.

Of the following, please check those that apply:

- Caucasian (White)
- Black (not Hispanic)
- Hispanic
- Asian or Pacific Islander
- American Indian or Native Alaskan

- Vietnam Veteran
- Disabled Veteran

- Disabled

I understand that this information is used solely for the purpose of Affirmative Action statistics and will be maintained in a separate file. It is strictly confidential and has been given voluntarily.

PRINT NAME	
SIGNATURE	DATE