



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			M.I.	
RESIDENCE ADDRESS: STREET		CITY		STATE	ZIP	
MAILING ADDRESS (if different than residence)					First	
TELEPHONE NUMBERS:		HOME ()		SOCIAL SECURITY NUMBER		
CELL ()		BUSINESS ()				
E-MAIL ADDRESS:		DATE AVAILABLE TO WORK:		SALARY DESIRED		MI

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
		TO
NAME IF OTHER THAN PRESENT (FOR REFERENCE PURPOSES)	DUTIES	SALARY
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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 _____

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EEO Information Form – Employment Application Supplement

The information on this sheet regarding race, sex, and age is needed for statistical purposes to meet federal reporting requirements on equal employment opportunity. The information is needed to analyze and assure compliance with city and federal Equal Employment Opportunity Laws. Your participation in this survey is voluntary and your replies will be kept confidential. This survey will be detached from your application form prior to review of qualifications and will be available only to authorized personnel for research and evaluation purposes.

Applicant Name: _____

Position Applying For: _____ Exam No. _____

Sex: Male

Female

Age: Under 20 20-39 40-65 66 and over

Ethnic Background

Please review all categories listed below. Determine the category which you believe best represents your ethnic background. Check one (1) category only.

- White:** (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, the Indian subcontinent.
- Black:** (not of Hispanic origin) All persons having origins in any black racial groups.
- Hispanic:** All persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the far East, southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Native American:** American Indian or Alaskan Native