

TOWN OF SOUTH KINGSTOWN

180 HIGH STREET, WAKEFIELD, RI 02879
401-789-9331 FAX # 401-789-5280

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER	NAME	DATE
	ADDRESS (NUMBER & STREET, CITY, STATE, & ZIP CODE)	
	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
	STATE AGE IF UNDER 18 OR OVER 70	
	CAN YOU LEGALLY WORK IN USA? YES _____ NO _____	
POSITION(S) APPLIED FOR:	ARE YOU WILLING TO WORK? (CHECK IF YES)	WAGES OR SALARY DESIRED
	FULL-TIME _____ PART -TIME _____ WEEKENDS _____	
	1ST SHIFT _____ 2ND SHIFT _____ 3RD SHIFT _____	
HAVE YOU EVER WORKED FOR THE TOWN? YES _____ NO _____	WHEN	WHAT DEPARTMENT

EDUCATION

CIRCLE LAST YEAR COMPLETED ELEMENTARY 6 7 8 HIGH SCHOOL 1 2 3 4	TYPE OF HIGH SCHOOL COURSE	GRADUATE YES _____ NO _____
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NAME AND ADDRESS OF SCHOOL LAST ATTENDED

COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, AND OTHER EDUCATION:

<u>NAME OF SCHOOL</u>	<u>YEARS COMPLETED</u>	<u>MAJOR OR SPECIALTY</u>	<u>DEGREE</u>

EXPERIENCE

LIST BELOW PRESENT AND PAST EMPLOYERS, BEGINNING WITH MOST RECENT JOB

NAME AND ADDRESS OF COMPANY	FROM		TO		DESCRIBE WORK YOU DID	NAME OF SUPERVISOR	REASON FOR LEAVING
	MO.	/ YR.	MO.	/ YR.			

REFERENCES OTHER THAN RELATIVES:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

REMARKS:

DATE AVAILABLE: _____ DRIVERS LICENSE (IF NECESSARY): _____

The facts set forth in my application for employment are true and complete. I authorize investigation of all statements in this application. Further, I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____