

APPLICATION

FOR

EMPLOYMENT



CITY OF WOONSOCKET

PERSONNEL DIVISION

CITY HALL

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, expression or any other legally protected status.

An Equal Opportunity Employer

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address		City	State Zip Code
Telephone Number(s)		Email Address	
How did you learn about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes

☐ No

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

On what date would you be available to work?

Are you available to work:

☐ Full-Time

☐ Part-Time

☐ Shift Work

☐ Temporary

REFERENCES

Reference Name 1		Telephone Number	
Address		City	State Zip Code
Reference Name 2		Telephone Number	
Address		City	State Zip Code
Reference Name 3		Telephone Number	
Address		City	State Zip Code

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other / Vocational (Specify)				

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

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:

List all specialized skills

List any specialized skills accumulated over the years that may include experience working with personal computers, computer software(s), production/mobile machinery, and other relevant skills.

EXPERIENCE

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.

Employer 1		Date Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Numbers(s)				
		Hourly Rate/Salary		
Job Title	Supervisor Name	Starting	Final	
Reason for Leaving				

Employer 2		Date Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Numbers(s)				
		Hourly Rate/Salary		
Job Title	Supervisor Name	Starting	Final	
Reason for Leaving				

Employer 3		Date Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Numbers(s)				
		Hourly Rate/Salary		
Job Title	Supervisor Name	Starting	Final	
Reason for Leaving				

Employer 4		Date Employed		Work Performed
		From Month/Year	To Month/Year	
Address				
Telephone Numbers(s)				
		Hourly Rate/Salary		
Job Title	Supervisor Name	Starting	Final	
Reason for Leaving				

APPLICANT'S STATEMENT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission will disqualify me from further consideration for employment and will result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency as that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize that investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such a statement.

I understand that if I am extended an offer of employment it will be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre employment and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, UNLESS I AM OTHERWISE NOTIFIED.

I have read, understand, and by my signature consent to these statements.

Signature:

Date: