



Town of East Greenwich Application for Employment

POSITION INFORMATION				
Position Desired		Department Desired		Date of Application
PERSONAL INFORMATION				
Last Name		First Name		Home Phone
Street Address				Cell Phone
City, State, Zip				Email
Have you ever applied for employment with us? <input type="checkbox"/> No <input type="checkbox"/> Yes When did you apply?			Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this position?				
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Former Town Employee from _____ to _____		<input type="checkbox"/> Dept. of Labor
<input type="checkbox"/> Internet		<input type="checkbox"/> Current Town Employee Name _____		<input type="checkbox"/> Other _____
Type of employment desired?				Will you work overtime?
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Temp <input type="checkbox"/> Summer		
Pay desired?		Are you eligible to work in U.S.?		When can you start?
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____		Has your driver's license, permit, or privilege to operate a motor vehicle ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EDUCATION				
School	Name & Location of School	No. of Yrs. Completed	Course of study	Degree/Diploma
College/Graduate				
Business/Trade/Technical				
High School				
MEMBERSHIPS, LICENSES AND CERTIFICATIONS				
MILITARY SERVICE				
Did you serve in the U.S. Military? <input type="checkbox"/> Yes Dates of Service: _____ <input type="checkbox"/> No				
List training / experience relevant to the position you are applying for:				

WORK EXPERIENCE*This section must be completed in full. Do not use "See Resume". Start with most recent employer.*

Company Name	Phone Number/Email Address		
Address	Dates employed		
Name of Supervisor	Pay Rate:	Starting	Ending
Position Title and Duties	Reason for leaving		
Company Name	Phone Number/Email Address		
Address	Dates employed		
Name of Supervisor	Pay Rate:	Starting	Ending
Position Title and Duties	Reason for leaving		
Company Name	Phone Number/Email Address		
Address	Dates employed		
Name of Supervisor	Pay Rate:	Starting	Ending
Position Title and Duties	Reason for leaving		
Company Name	Phone Number/Email Address		
Address	Dates employed		
Name of Supervisor	Pay Rate:	Starting	Ending
Position Title and Duties	Reason for leaving		

Professional References

Name/Job Title	Company Name and Address	Phone Number/Email Address

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given on this application (and accompanying resume) are true, correct and complete to the best of my knowledge. 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 that personnel forms do not constitute a contract for employment, and further, my employment (if not otherwise defined by applicable law) is on an at-will basis and may be terminated, with or without notice, at the option of the Town of East Greenwich or myself. I understand that I am required to abide by all rules and regulations of the Town. I also understand that if I am hired, I will be required to provide proof of identity and authorization to work in the United States of America in accordance with the provisions of the Immigration Return and Control Act of 1986.

I understand and agree that I may have to successfully pass a pre-employment background check and drug screen prior to employment by the Town. I authorize the Town of East Greenwich to do a complete reference check on me including checking with my current and previous employers, educational records, verification of degrees obtained, GPA, DMV records and any other information deemed appropriate in consideration of my prospective employment with the Town of East Greenwich.

Signature

Date

Town of East Greenwich

EEO: Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO report. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO reporting purposes only and will be kept separate from your application only accessed by the Human Resources department.

Name: _____ Date: _____

Position for which you are applying: _____

Gender: ____ Male ____ Female

RACE/ETHNICITY:

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

____ Yes ____ No

If you answered "Yes" stop here, you are finished completing this form. If you answered "No" please select a race from the options below

- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races