

# BURRILLVILLE EXTENDED CARE DIVISION

Employment Application  
School Year/ Summer Program



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for: <i>(please circle)</i>	<b>Counselor</b>	<b>Lead Counselor</b>	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

*All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital status or veteran status, the presence of a non-job related handicap or any other legally protected status.*

**PREVIOUS EMPLOYMENT**

Company	Phone ( )
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?      YES       NO

Company	Phone ( )
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?      YES       NO

Company	Phone ( )
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?      YES       NO

**POSITION INFORMATION (PLEASE CIRCLE ALL THAT APPLY)**

**Before School Program:** M T W TR F **Part Time Only**

**After School Program:** M T W TR F **Part Time Only**

**Summer Camp Program:** M T W TR F

**For Summer Camp Program:**    **Full Time:** 20 or more hours per week    **Part Time:** up to 20 hours per week

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

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