AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT
TOWN OF BURRILLVILLE
OFFICE OF THE TOWN MANAGER

105 Harrisville Main Street
Harrisville, RI 02830

(401) 568-4300 x115
www.burrillville.org

(401) 568-0490 (FAX)
Manager@burrillville.org

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

PERSONAL INFORMATION

Date of Application	Position Applied For	
Name (First, M.I., Last)	Mailing Address	
Home Telephone Number Cell Phone Number Email Address	Permanent Address, if different from mailing address	
Work Telephone Number May we contact you at work?	Social Security Number	
	If you are under 18 years of age, can you provide required proof of your eligibility to work?	
	Are you legally authorized to work in the United States?	
Best Time to contact is ____:_____ AM _____:_____ PM _____ANYTIME	Were you previously employed by the Town? If so, where and when?	If required for job applied for, do you possess valid driver's license?
If your application is considered favorably, on what date will you be available for work?		
Are you currently employed? May we contact your present employer?	Are you available to work Full Time _____ Part Time _____ Temporary _____ Seasonal _____	
Are you currently on "lay-off" status and subject to recall?	Date available for work What is your desired salary range?	Do any of your friends or relatives, other than spouse, work for the town?

This Employer is subject to the provisions of the Worker's Compensation Act of the State of Rhode Island.

EDUCATION

	School Name and Address	Course/Major	Did you Graduate	Degree or Certificate Received
High School	bURRILLVILLE hIGH sCHOOL bURRILLVILLE hIGH sCHOOL			
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Please specify if acquired in the U.S. Military.

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:

EMPLOYMENT 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	Dates Employed	Work Performed
	Start Date	
Address	End Date	
Telephone Number(s)	Hourly Rate/Salary	
	Starting Rate	
Job Title Supervisor	Final Rate	
Reason for Leaving		

Employer	Dates Employed	Work Performed
	Start Date	
Address	End Date	
Telephone Number(s)	Hourly Rate/Salary	
	Starting Rate	
Job Title Supervisor	Final Rate	
Reason for Leaving		

Employer	**Dates Employed** **Start Date**	**Work Performed**
Address	**End Date**	
Telephone Number(s)	**Hourly Rate/Salary** **Starting Rate**	
Job Title **Supervisor**	**Final Rate**	
Reason for Leaving		

Employer	**Dates Employed** **Start Date**	**Work Performed**
Address	**End Date**	
Telephone Number(s)	**Hourly Rate/Salary** **Starting Rate**	
Job Title **Supervisor**	**Final Rate**	
Reason for Leaving		

***If you need additional space, please continue on a separate sheet of paper**

ADVANCED SKILLS (Please list only advanced or specialized skills)

Excel or other spreadsheets (charts, graphs, pivot tables)	
Access or other database software	
Publisher or other publication software	
Other software used (please specify)	
Skills will be tested	

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experiences. Use an additional page, if necessary.

Note to Applicants: PLEASE DO NOT ANSWER THE QUESTION BELOW UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the "essential functions" of the job with or without a reasonable accommodation?

_____ Yes, ____WITH ____WITHOUT accommodations

_____ No

(This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.)

_____ Unable to answer - I may need more information about the job's "essential functions" to respond.

THIS AFFIRMATION MUST BE COMPLETED

I certify that answers given herein, and on any attached material, are true and complete to the best of my knowledge. I understand that falsification of any information given on this application, its attachments, or during the interview process is grounds for dismissal from the Town of Burrillville.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release all parties from all liabilities for any damage that may result from the information received during this investigation.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If you have been notified that you are on an eligibility list for employment, your application will remain current until the list expires.

I understand that any offer of employment is contingent on my producing the following: appropriate documentation verifying my identity and employment authorization is required under the Immigration Reform and Control Act, a criminal background record, and specified documents according to the job description. The Town will review and provide a final approval/denial of job offer based on documentation.

DATE	SIGNATURE

REFERENCES

1.			**( )**
	(Name)	**(Relationship)**	**(Phone #)**
	(Address)		
2.			**( )**
	(Name)	**(Relationship)**	**(Phone #)**
	(Address)		
3.			**( )**
	(Name)	**(Relationship)**	**(Phone #)**
	(Address)		
4.			**( )**
	(Name)	**(Relationship)**	**(Phone #)**
	(Address)		
5.			**( )**
	(Name)	**(Relationship)**	**(Phone #)**
	(Address)		