

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> Counselor Lead Counselor					
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

Please list three professional references.

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 ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES ☐NO ☐

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES ☐NO ☐

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES ☐NO ☐**POSITION INFORMATION (PLEASE SELECT ALL THAT APPLY)****Before School Program:**

6:30 AM- 8:30AM

Part-Time ONLY!**After School Program:**

3:00 PM-6:00 PM

Part-Time ONLY!**Summer Camp Program:**

6:30 AM-6:00 PM

*** Full Time Employment:** 20 or more hours per week***Part Time Employment:** 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

Save PDF and e-mail to BEC@burrillville.org*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.*