

# Employment Application



Town of Johnston

1385 Hartford Avenue

Johnston, RI 02919

The Town of Johnston will consider applicants of all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
Last Name:		First Name:	Middle Name:
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s) Home		Cell	Social Security Number
			Date of Birth
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever previously filed an application for employment with the Town of Johnston? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide date: _____			
Have you ever been previously employed with the Town of Johnston in any capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide date: _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On what date would you be available for work?		Are you currently on "Lay Off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Proof of citizenship or immigration status will be required upon employment <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			

**THE TOWN OF JOHNSTON IS AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Name and Address of Institution	Concentration	Highest Year Completed	Diploma Degree
High School				
Undergraduate College				
Graduate School				
Other (Specify)				

**Describe any/all specialized Licenses, Training, Apprenticeship or Skills that you have acquired.  
List all Licenses/Certificates that you have earned (if any)**


**Describe any/all job-related training received in the United States Military (If Applicable)**


**Other Qualifications** (summarize special job-related skills and qualifications acquired from employment or other experience)


**List Professional, Trade, Business or Civic Activities and Offices held**

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.


**Specialized Skills** (i.e. office equipment, computer, computer applications, construction equipment or other-please list)


# Employment Experience

Start with your present or last job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities or other protected status.

Employment Information			
Employer:	Dates Employed		Description of Duties
Address:	<u>From</u>	<u>To</u>	
Telephone#:	Hourly Rate		
	Starting	Final	
Job Title:			
Supervisor Name:	Reason for Leaving		

Employment Information			
Employer:	Dates Employed		Description of Duties
Address:	<u>From</u>	<u>To</u>	
Telephone#:	Hourly Rate		
	Starting	Final	
Job Title:			
Supervisor Name:	Reason for Leaving		

Employment Information			
Employer:	Dates Employed		Description of Duties
Address:	<u>From</u>	<u>To</u>	
Telephone#:	Hourly Rate		
	Starting	Final	
Job Title:			
Supervisor Name:	Reason for Leaving		

List any additional information that you feel may be helpful to us in considering your application

References		
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

# Applicant's Statement

I, \_\_\_\_\_, Certify that the information given herein is true and complete to the best of my knowledge.

I authorize the Town of Johnston (employer) and its subsequent agencies to investigate any/all statements and information contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that any/all false or misleading information given in this application or in any/all interview(s) with an authorized Town of Johnston official(s)/ personnel may result in discharge in employment (if hired). In addition, I understand that I will be required to abide by all rules and regulations set forth by the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Position(s) applied for is open: \_\_\_\_\_

Received By: \_\_\_\_\_

Position(s) considered:

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

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