



**James L. Maher Center**  
**P.O. Box 4390, Middletown, RI 02842**  
**Fax: (401) 847-9459**

**EQUAL OPPORTUNITY**  
**EMPLOYER**  
 Minority/Female/Disability/Vet

Aquidneck Center      Transportation Administration  
 401-846-4600      401-848-5710      401-846-0340

**EMPLOYMENT APPLICATION**

**PLEASE PRINT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

(Last)

(First)

(Middle)

ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

MAILING ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

TELEPHONE NUMBER (Home) \_\_\_\_\_ TELEPHONE NUMBER (Cell) \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

HOW DID YOU HEAR OF THIS POSITION? \_\_\_\_\_

Full Time      Part Time  
 (Circle One)

DAY      Shift Preference:  
 EVENING      NIGHT  
 (Circle One)

**EDUCATION**

SCHOOL (S) ATTENDED:

NAME & LOCATION	MAJOR	GRADES COMPLETED	DIPLOMA OR DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

FROM      TO      BRANCH      RANK

PROFESSIONAL OR TECHNICAL LICENSES HELD: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ STATE: \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_  
 CLASS \_\_\_\_\_ IS THIS LICENSE A CDL (Commercial Driver's License)? \_\_\_\_\_

LAST OR PRESENT EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
POSITION/DUTIES: \_\_\_\_\_  
REASON FOR LEAVING (WANTING TO LEAVE): \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
POSITION/DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \_\_\_\_\_  
POSITION/DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PERSONAL INFORMATION**

REFERENCES:(Two persons, non-relatives, who have knowledge of your character, training, experience and capabilities)

	NAME	ADDRESS	YEARS ACQUAINTED	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**IN CASE OF EMERGENCY NOTIFY:**  
NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MY PRESENT EMPLOYER (MAY / MAY NOT) BE CONTACTED FOR REFERENCE PURPOSES.  
\_\_\_\_\_ **circle one** \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSIFICATION OF SAID INFORMATION MAY RESULT IN MY NOT BEING OFFERED EMPLOYMENT OR IN MY IMMEDIATE DISMISSAL.**

**I HEREBY AUTHORIZE MY PRESENT AND PAST EMPLOYERS TO FURNISH THE JAMES L. MAHER CENTER THEIR RECORDS OF MY SERVICE UNLESS OTHERWISE STATED.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_