

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security		

Best time to contact you at home is: _____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes 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. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Indicate dates available ___/___ - ___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you hold a current CDL License? Yes No

EDUCATION

SCHOOL	Name and Address Of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which are based on color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ___Yes ___No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ___Yes ___No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ___Yes ___No

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless, such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of applicant

Date

Thomas R. Hoover
Town Manager



TOWN OF COVENTRY
1670 Flat River Road, Coventry, RI 02816
Telephone (401)822-9185 Fax (401)822-9139

TO: JOB APPLICANT

RE: MANDATORY DISCLOSURE LAW

Be advised that the Town of Coventry as an employer is subject to Chapter 29 of the Rhode Island General Laws regarding Workers' Compensation General Provisions.

All employers doing business in the state of Rhode Island shall disclose to all prospective employees at the time of application for employment either that the employer is subject to chapters 29 – 38 of this title or is exempt from chapters 29 – 38 of this title.

Under this law, we have an obligation to disclose to all prospective employees at the time of application for employment that we are subject to this State of Rhode Island Law.

Refer to RIGL §28-29-6.2.



CRIMINAL RECORD CHECK
CONSENT AND DISCLAIMER FORM

PLEASE PRINT:

First Name Middle Initial Last Name

Maiden and / or Previous Married Name Social Security Number

Address

City/Town State Zip Code

Driver License Number Date of Birth

I, _____ hereby authorize, the Town of Coventry to conduct a criminal background check.

I, hereby waive and release any and all manner of action, cause of actions and demand of any kind, nature and description, arising from any release of this criminal background check, whatsoever against the Town of Coventry and the Coventry Police Department in both law and equity, which I may have or in the future may have.

Signature of Applicant Date

Witnessed by the Town of Coventry Date