



J. Arthur Trudeau Memorial Center (***Works For Me***)
3445 Post Road
Warwick, RI 02886

EMPLOYMENT APPLICATION

| PERSONAL | | | | |
|--|----------------------------|--|-----------------|------------------|
| NAME LAST | | FIRST | MIDDLE | |
| ADDRESS STREET | | CITY | STATE | ZIP |
| PHONE #s HOME | | CELL | SOC. SEC. # | |
| JOB DATA | | | | |
| Position(s) applied for: | | | Salary desired: | |
| Seeking: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary Shift desired (check all that apply): <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift <input type="checkbox"/> 3rd shift | | | | |
| Available for weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Date available to work: ___/___/___ | | | | |
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| EDUCATION AND TRAINING | | | | |
| NAME AND LOCATION OF SCHOOL | CIRCLE LAST YEAR COMPLETED | DIPLOMA/DEGREE/GED RECEIVED? | COURSE OF STUDY | |
| High School | 9 10 11 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Graduate School | Dates attended: to | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Business, Trade, Technical, etc. | Dates attended: to | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other schools or special training, including other skills related to the position(s) you are applying for: | | | | |
| If you hold a professional license, certificate, or registration that is related or required for the position you are applying for, please identify it below. For most positions, CPR is required and must be taken upon hire. | | | | |
| Type: 1. | Number: | State: | Issue date: | Expiration date: |
| 2. | | | | |
| Indicate any honors or activities associated with education background: | | | | |

EMPLOYMENT/PROFESSIONAL EXPERIENCE *All information must be fully completed even if résumé is attached or received
 (Please begin with PRESENT or MOST RECENT employer and list your last three jobs -- IMPORTANT TO INCLUDE REFERENCE PHONE #s)

| | |
|--|--|
| Employer & Address: | Type of business: Job Title & Work Performed: |
| Employment Date: From To Reason for Leaving: | May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference: |
| Starting Pay: Final Pay: | |
| Employer & Address: | Type of business: Job Title & Work Performed: |
| Employment Date: From To Reason for Leaving: | May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference: |
| Starting Pay: Final Pay: | |
| Employer & Address: | Type of business: Job Title & Work Performed: |
| Employment Date: From To Reason for Leaving: | May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No Name, title and phone # of supervisor to contact for reference: |
| Starting Pay: Final Pay: | |

SECURITY DATA

Have you been convicted of a criminal offense excluding misdemeanors? Yes No

If yes, briefly describe the circumstances of your conviction, indicating the date, nature, and place of the offense and disposition of the case. A felony conviction record will not necessarily bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense. Understand that a background criminal investigation will be performed as part of the selection process and annually, thereafter.

DISCLOSURES

I authorize investigation of all statements as part of this application and its process. I acknowledge that the information I have supplied is correct to the best of my knowledge, and I understand that any deliberate falsification, misrepresentations, or omissions of facts is a cause for denial of employment or dismissal without notice, if and when discovered.

I understand that employment, if offered, is for no definite period and is at will. I understand that any offer of employment and my continued employment with the Works For Me is contingent upon proof of my authorization to work in the United States and my continued employment is conditional upon satisfactory completion of, and immediate and annual review of, any criminal and driving records and satisfactory proof of physical, where job appropriate. I agree to comply with all Agency rules, policies and regulations. I am required to provide evidence of automobile insurability (driver's license and automobile insurance), and, through my signature below, allow the Agency to research my present driving record immediately and annually to ensure that this record meets the established standards of the organization. I further understand that I may be required to have access to a motor vehicle for the purposes of completing my job assignments -- this may include transporting individuals supported in this motor vehicle.

If you have any questions regarding any statement on this application, please ask before signing.

Applicant's signature: _____

Date: ____/____/____