



Town of West Warwick Application for Employment

The Town of West Warwick is an equal opportunity/affirmative action employer and does not discriminate against employees or applicants for employment on any legally recognized basis including, but not limited to, age, race, color, religion, national origin, sex, marital status, pregnancy, sexual orientation, physical or mental disability, or ancestry, except where a bona fide occupational qualification exists. Reasonable accommodations will be made for qualified disabled persons to assist them in fulfilling the essential functions of a job, provided that such accommodations do not impose an undue hardship upon the Town.

PLEASE TYPE OR PRINT	Date
Name (Last) (First) (Middle)	
Mailing Address (Street) (City) (State) (Zip Code)	Phone Number
Street Address (Street)(IF DIFFERENT) (City) (State) (Zip Code)	Phone Number
EMAIL Address	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes No

TYPE OF POSITION DESIRED	
Position Applied For	
Full Time Part Time Temporary	Salary Expected
Have you ever worked for the Town of West Warwick?	If Yes, When and Where?
Have you ever applied to Town of West Warwick?	If Yes, When and Where?
How were you referred to the Town of West Warwick?	
Are you legally authorized to work in this country?	Yes No
To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire or upon your first day if your employment period will be less than three (3) days.	

THE TOWN OF WEST WARWICK IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
All positions will be filled without regard to race, color, religion, national origin, sex, age, veteran status, disability, or sexual orientation. In addition, all employees are subject to the provisions of the Workers' Compensation Act.

Record of Education							
Name and Address of School(s)		Dates Attended		Graduated		Type of degree/diploma received	Major/Minor Fields of Study
		From	To	YES	NO		
		Mo./Yr.	Mo./Yr.				
High School (Last Attended)							
Colleges/ Universities							
Graduate School							
Other (Business, Technical, Secretarial)							

Please list any professional affiliations or accreditations, which have a direct bearing upon your qualifications for the job which you are seeking. (Indicate all licenses and certifications, which may relate to the job for which you are applying.)

Do you have any special skills or abilities, which directly relate to the job for which you are applying?

Do you possess a valid current driver's license (only for jobs where requiring driving a vehicle is an essential function)? Yes - No

Driver's License Number and State _____

Do you have a CDL? Yes No

Endorsements?

Experience (Most Recent Experience First)				
1. Name and Address of Employer	Starting Position		Ending Position	
From Mo/Yr. To Mo/Yr.	Salary		Name and Title of Supervisor	Reason for Leaving
Phone Number	Starting	Ending		
2. Name and Address of Employer	Starting Position		Ending Position	
From Mo/Yr. to Mo/Yr.	Salary		Name and Title of Supervisor	Reason for Leaving
Phone Number	Starting	Ending		
3. Name and Address of Employer	Starting Position		Ending Position	
From Mo/Yr. to Mo/Yr.	Salary		Name and Title of Supervisor	Reason for Leaving
Phone Number	Starting	Ending		
<p>Please use this space to describe any previous work history and/or to detail particular responsibilities listed above. Include any additional information, which your feel may be relevant to the job for which you are applying.</p>				

It is the responsibility of the applicant to indicate the specific position for which they would like to be considered. Should an applicant be interested in applying for a different position or re-applying for the same position in the future, a new application form must be submitted.

I hereby certify that all statements made in this application are true and complete. I understand that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I give the Employer the right to investigate all references, to contact all prior employers and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

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 the Employee at any time with or without cause.

If I am offered and accept employment, I understand that any such offer is contingent upon my completion an I-9 form (employment verification form) and a Bureau of Criminal Investigation background check.

I understand that I must meet all the physical standards established by Town to perform the essential functions of any job for which I am offered employment. I understand that, if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job. I understand that the Town may from time to time require that I take a drug and/or alcohol test as a condition of employment.

I understand that the Town reserves the right to conduct searches on company property of employees and their personal property for alcohol, drugs, or for property which might belong to the Town. A refusal to submit to a Town of West Warwick search can subject an employee to employment termination.

In signing this form, I certify that I understand all the questions and statements in this application.

_____ Signature of Applicant _____ Date

For Administrative Use Only	
Date Application Received	Referral Source
Interviewed by	Department
Reference Check Completed (Date and by Whom)	

