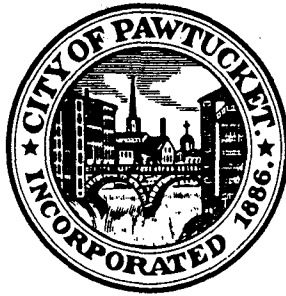


**CITY
OF
PAWTUCKET**



**PERSONNEL
DIVISION
(401) 728-0500
Extension 276**

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____ PHONE NO. _____

 LAST FIRST MIDDLE

PRESENT ADDRESS _____

 STREET CITY STATE ZIP

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER: _____

(OPTIONAL PRIOR TO A JOB OFFER)

HAVE YOU BEEN A RESIDENT OF PAWTUCKET FOR ONE (1) YEAR IMMEDIATELY PRIOR TO THIS APPLICATION? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?
 YES NO. (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THE CITY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	DEGREE OBTAINED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE, CRIME OR MISDEMEANDR? YES NO (EXCLUDE PARKING TICKETS)
 IF YES, EXPLAIN FULLY WITH DATES, LOCATIONS, ETC.; LACK OF EXPLANATION IS BASIS FOR REJECTION.

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED: YES NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

PERSONNEL DIRECTOR

DEPT. HEAD

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

AUTHORIZATION OF INFORMATION RELEASE

Date: _____

TO WHOM IT MAY CONCERN:

Having made application for employment with the City of Pawtucket and desiring its investigators to be informed as to my previous record and character, I hereby authorize the release of official records to any representative of the City of Pawtucket bearing this document. That information includes, but is not limited to the following:

Employment records, military files, arrest records, license history files, educational records, academic achievement records, attendance reports, performance reports, background investigations, internal affairs files and disciplinary records.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Pawtucket.

Consent is granted for _____ to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as custodian of such records, and any law enforcement or criminal justice agency, school, college, university or other educational institution from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

A photocopy of this release will be as an original thereof, even though said photocopy does not contain an original writing of my signature.

_____	_____	
Full name (print)	Date of birth	
_____	_____	
Maiden Name (print)	Social Security #	
_____	_____	
Current Address (print)	Telephone #	
_____	_____	
City	State	Zip

Signature		

CITY OF PAWTUCKET

AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT

TO BE COMPLETED BY APPLICANT ONLY*

NAME: _____ DATE: _____ SS# _____

ADDRESS: _____
STREET CITY STATE ZIP

MALE _____ FEMALE _____ POSITION SOUGHT _____

Please check any that apply:

WHITE _____ BLACK _____ HISPANIC _____

AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN AMERICAN/PACIFIC ISLANDER _____

DISABLED _____ DISABLED VETERAN _____ VIETNAM ERA VETERAN _____

WHITE: (not of Hispanic Origin) All persons having origins in any of the original people of Europe, North America or the Middle East

BLACK: (not of Hispanic Origin) All persons having origins in any of the Black racial groups in Africa

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

DISABLED: All persons with a physical or mental disability that substantially impairs or restricts one or more of such major life activities as walking, seeing, hearing, speaking, working or learning. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a handicap by the regulation

The City of Pawtucket is committed to taking Affirmative Action to ensure equitable employment opportunities and equitable participation at all levels of the City government workforce by the various segments of the Community. The City will consider each applicant for employment or promotion specifically given consideration of his or her qualification and ability to perform work and to eliminate and prevent discrimination on the basis of race, religion, color, sex, age, handicap or national origin.

* Pursuant to the 1964 Civil Rights Act, any information provided by the applicant to the City is done so on a strictly voluntary basis, and in order to assist us in our efforts, we ask you to provide the above voluntary information.