Rhode Island

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, sex (including pregnancy status and sexual harassment), religion, ancestral origin, national origin, disability, age, sexual orientation, gender identity or expression, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ (Last / First / Middle) Applicant ID # _____

Address _____ (Street / City / State / ZIP Code)

Telephone # ( ) _____ Cellular/Other Phone # ( ) _____ E-mail Address _____

Position(s) applied for _____ Date of application ___/___/___

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is ..... _____ : _____ AM PM

☐ Home ☐ Cellular/Other

May we contact you at work? ..... ☐ Yes ☐ No

If **yes**, work number and best time to call:

( ) _____ _____ : _____ AM PM

If you are under 18 and it is required, can you furnish a work permit? ..... ☐ N/A ☐ Yes ☐ No

If **no**, please explain: _____

Have you submitted an application here before? ..... ☐ Yes ☐ No

If **yes**, give date(s) and position(s): _____

_____

Have you ever been employed here before? ..... ☐ Yes ☐ No

If **yes**, give dates: From ___/___/___ To ___/___/___

Is this application a request for reemployment following an extended military leave of absence from this company? ..... ☐ Yes ☐ No

If **yes**, additional information may be requested.

Are you lawfully authorized to work in the United States? ..... ☐ Yes ☐ No

Date available for work ..... ___/___/___

What is your desired salary range or hourly rate of pay?

$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If **no**, please explain: _____

_____

_____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ..... ☐ Yes ☐ No

If **yes**, please explain: _____

_____

_____

NOTE TO APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below: (employer to list applicable exemptions)

_____

_____

_____

Employment History

Starting with your most recent employer, provide the following information.

Employer | Telephone # ( )

Street address | City | State

Starting job title/final job title

Immediate supervisor and title (for most recent position held)

Why did you leave?

May we contact for reference? ☐ Yes ☐ No ☐ Later

E-mail:

Dates employed: Month / Year to Month / Year

Compensation (Starting)

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Compensation (Final)

☐ Hourly ☐ Salary $ per

Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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Compensation (Final)

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Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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Street address | City | State

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Commission/Bonus/Other Compensation $

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

_____

_____

_____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If **yes**, please explain: _____

_____

_____

_____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

_____

_____

_____

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

☐ Word Processing _____ Level: _____ ☐ Internet _____ Level: _____

☐ Spreadsheet _____ Level: _____ ☐ Other _____ Level: _____

☐ Presentation _____ Level: _____ ☐ Other _____ Level: _____

☐ E-mail _____ Level: _____ ☐ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other_____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other_____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other_____		
		☐ Diploma ☐ GED ☐ Degree _____ ☐ Certification _____ ☐ Other_____		

References

List names and telephone numbers of three business/work references who are ***not*** related to you and are ***not*** previous supervisors. If not applicable, list three school or personal references who are ***not*** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

Related Information

When answering these questions, please exclude any information that would reveal race, color, sex (including pregnancy status and sexual harassment), religion, ancestral origin, national origin, disability, age, sexual orientation, gender identity or expression, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

_____

_____

List special accomplishments, publications, awards, etc. _____

_____

_____

List any relevant volunteer work. _____

_____

_____

Is there any other job-related information you want us to know about you? _____

_____

_____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, sex (including pregnancy status and sexual harassment), religion, ancestral origin, national origin, disability, age, sexual orientation, gender identity or expression, genetic information, or any other protected status under applicable federal, state, or local law.

NOTE: This Company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____ **Date** ____/____/____

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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

ATTORNEY APPROVED

FRANK OLEAN CENTER, INC.
93 AIRPORT ROAD
WESTERLY, RI 02891

RELEASE FORM FOR CONSUMER REPORTS

In connection with my application for employment, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving records, education, prior employment verification and others. These reports will include experience along with reasons for termination, information from various Federal, State, local and other agencies, which contain my past activities.

I hereby authorize without reservation any party or agency contracted by the Frank Olean Center, Inc. and Community Vocational Services, Inc. to furnish the above mentioned information.

If employed, I further authorize ongoing procurement of the above mentioned reports at any time during my employment.

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Signature: _____ Date: _____