



## PAWTUCKET SCHOOL DEPARTMENT

286 Main Street, Pawtucket, Rhode Island 02862-0388

### APPLICATION FOR EMPLOYMENT

**DATE:** \_\_\_\_\_

#### APPLICANT INFORMATION

Last Name		First Name		Middle Initial	
Street Address				City	State
Home Phone				Cell Phone	
Email Address					
Position(s) Applying For	<input type="checkbox"/> Clerical <input type="checkbox"/> Custodian <input type="checkbox"/> Educator <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Lunch Monitor <input type="checkbox"/> Other _____				
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Pawtucket School Department?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Did you serve in the U.S. Military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Dates of Service		
List training/experience relevant to the position you are applying for					

#### EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	Course of Study	Degree/Diploma received
College			
Business/Technical			
High School			

#### PREVIOUS EMPLOYMENT

Company Name		Phone	(     )
Address		Email	
Name of Supervisor		Dates of Employment	
Job Title			
Essential Job Functions			
Reason for leaving			
May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company Name		Phone	(      )
Address		Email	
Name of Supervisor		Dates of Employment	
Job Title			
Essential Job Functions			
Reason for leaving			
May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company Name		Phone	(      )
Address		Email	
Name of Supervisor		Dates of Employment	
Job Title			
Essential Job Functions			
Reason for leaving			
May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**PROFESSIONAL REFERENCES**

NAME/ JOB TITLE	COMPANY NAME	PHONE NUMBER	EMAIL ADDRESS

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the information provided on this application (and accompanying resume) are true, correct and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application (and/or accompanying resume) or interview(s) may result in discharge. I understand that personnel forms do not constitute a contract of employment, and further, my employment (if not otherwise defined by applicable law) is on an at-will basis and may be terminated, with or without notice, at the option of the Pawtucket School Department or myself. I understand that I am required to abide by all rules and regulation of the school department. I also understand that if I am hired, I will be required to provide proof of identity and authorization to work in the United States in accordance with the provisions of the Immigration Return and Control act of 1986.

I understand and agree that I will have to successfully pass a pre-employment background check prior to employment by the Pawtucket School Department.

I authorize the Pawtucket School Department to do a complete reference check including my current and previous employers, educational records, verification of degrees obtained, GPA and DMV records and any other information deemed appropriate in consideration of my prospective employment with the Pawtucket School Department.

Signature		Date	
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The Pawtucket School Department does not discriminate on the basis of age, sex, race, religion, gender identity, national origin, color or handicap in accordance with applicable laws and regulations.