

EXPERIENCE: DESCRIBE BELOW ANY POSITIONS YOU HAVE HELD IN THE RECENT PAST, OR ANY OTHER EXPERIENCE WHICH YOU THINK MAY QUALIFY YOU FOR A POSITION. INCLUDE ALL PREVIOUS EMPLOYMENT WITH THE STATE OF RHODE ISLAND. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT.

NAME OF EMPLOYER	TITLE OF YOUR POSITION	FROM: (DATE)
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ADDRESS	EMPLOYER TEL. NO.	HOURLY WAGE	TO: (DATE)
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DUTIES

NAME OF EMPLOYER	TITLE OF YOUR POSITION	FROM: (DATE)
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ADDRESS	EMPLOYER TEL. NO.	HOURLY WAGE	TO: (DATE)
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DUTIES

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION: This program is attempting to monitor recruitment and selection in order to assure equal employment opportunity. We would appreciate your cooperating by voluntarily furnishing us with the information requested below. The information will be kept confidential and used only for affirmative action purposes.

- Male Black American Indian Other Disabled Veteran: Disabled
 Female White Asian American Hispanic Age: 40 & Over Vietnam

CERTIFICATE OF APPLICANT:

PARENTAL CONSENT (If Under Age 18)

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment or other favorable action made in connection therewith.

My son/daughter has my permission to seek employment with the Summer Program.

Signature as it appears on front of application _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

NOTICE TO ALL APPLICANTS: THE NUMBER OF SUMMER JOBS AVAILABLE IS RELATIVELY SMALL IN COMPARISON TO THE LARGE NUMBER OF APPLICANTS WHO FILE FOR SUMMER EMPLOYMENT CONSIDERATION. ONLY A PERCENTAGE OF APPLICANTS ARE HIRED. THEREFORE, YOU SHOULD NOT LIMIT YOUR EFFORTS TO OBTAIN SUMMER WORK SOLELY WITH THE DEPARTMENT OF ADMINISTRATION.

*****STOP!! DO NOT WRITE IN THE SPACE BELOW!!*****

IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED.

If you have a Disability and require an accommodation, please complete RI EOO - 5/90A (Self-Identification form) available from RI Equal Opportunity Office or the Division of Human Resources. If candidate is hired, all post-employment information below must be completed. You must also attach the Criminal Record Supplemental Questionnaire (CS-14B) to this application.

Your Social Security Number: - - DATE OF BIRTH: - -

Do you have the proper "WORK AUTHORIZATION" documentation to work in the U.S.? YES NO

Sex: Male Female Marital Status: Single Married Separated Divorced Widowed

YOUR Maiden name, if applicable: _____ Spouse's Name: _____

Spouse's Date of Birth: - - Spouse's Social Security #: - -

Are you a Veteran (Including Desert Storm Activation)? YES NO Are you a War Veteran? YES NO

Are you a Disabled Veteran? YES (RIGL 36-4-19) NO If yes, identify the War / Conflict and the dates of service that apply:

War / Conflict _____ Service Dates _____

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment, or other favorable action made in connection therewith.

SIGNATURE

DATE