



James L. Maher Center

P.O. Box 4390, Middletown, RI 02840

Fax: (401) 847-9459

EQUAL OPPORTUNITY
EMPLOYER
M/F/V/H

Administration
846-0340

Aquidneck Center
846-4600

Chaves Horticulture
846-7911

Bristol Center
253-5900

EMPLOYMENT APPLICATION

PLEASE PRINT

DATE _____ SOCIAL SECURITY NO.: _____ - _____ - _____

NAME _____
(Last) (First) (Middle) (Maiden Name)

ADDRESS _____
(Street) (City) (State) (Zip)

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER (home) _____ TELEPHONE NUMBER (work) _____

POSITION APPLIED FOR _____

HOW DID YOU HEAR OF THIS POSITION? _____

Full Time Part Time
(Circle One)

Shift Preference:
DAY EVENING NIGHT
(Circle One)

Citizenship: _____

EDUCATION

SCHOOL (S) ATTENDED:

NAME & LOCATION	MAJOR	GRADES COMPLETED	DIPLOMA OR DEGREE
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

FROM _____ TO _____ BRANCH _____ RANK _____

PROFESSIONAL OR TECHNICAL LICENSES HELD: _____

LICENSE #: _____ EXPIRATION DATE: _____ STATE: _____

DO YOU HAVE A DRIVER'S LICENSE? _____ LICENSE # _____ STATE: _____

CLASS _____ IS THIS LICENSES A CDL (Commercial Driver's License)? _____

LAST OR PRESENT EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM: _____ TO: _____ SALARY: _____

POSITION/DUTIES: _____

REASON FOR LEAVING (WANTING TO LEAVE): _____

CONTACT PERSON: _____ PHONE NUMBER: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM: _____ TO: _____ SALARY: _____

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: FROM: _____ TO: _____ SALARY: _____

POSITION/DUTIES: _____

REASON FOR LEAVING: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

PERSONAL INFORMATION

REFERENCES: (Two persons, non-relatives, who have knowledge of your character, training, experience and capabilities)

	NAME	ADDRESS	YEARS ACQUAINTED	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

DATE OF LAST COMPLETE PHYSICAL EXAMINATION: _____ LAST TB TEST: _____

FAMILY DOCTOR: _____ ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ TELEPHONE #: _____

ADDRESS: _____ RELATIONSHIP: _____

SALARY YOU WOULD EXPECT AS A MINIMUM STARTING RATE: _____

MY PRESENT EMPLOYER (MAY/MAY NOT) BE CONTACTED FOR REFERENCE PURPOSES.

Circle one

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND THAT FALSIFICATION OF SAID INFORMATION MAY RESULT IN MY NOT BEING OFFERED EMPLOYMENT OR IN MY IMMEDIATE DISMISSAL.

I HEREBY AUTHORIZE MY PRESENT AND PAST EMPLOYERS TO FURNISH THE JAMES L. MAHER CENTER THEIR RECORDS OF MY SERVICE UNLESS OTHERWISE STATED.

APPLICANT SIGNATURE: _____ DATE: _____