



1. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment)
2. If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
3. Have you ever been convicted of any crime? (Conviction will not necessarily disqualify an applicant from employment)  Yes  No  
If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Having read the position examination announcement, in your own opinion, are you physically qualified for the position for which you are now applying?  Yes  No
5. Are you currently on "lay-off" status or subject to recall from a previous employer?  Yes  No
6. Are you currently employed?  Yes  No

7. May we contact your present employer?  Yes  No

8. Are you available to work:  Full-Time  Part-Time  Other

9. If employed, on what date would you be available? \_\_\_\_\_

**EDUCATION:**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
1.	_____	_____	_____	_____

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade/Other: \_\_\_\_\_

2. Name of last school or college you attended: \_\_\_\_\_ Year Last Attended: \_\_\_\_\_

3. List any foreign languages you can speak, read and/or write: \_\_\_\_\_

4. Check the following trades for which you have received formal education:

Carpentry  Electrical  Plumbing  Heating  Other \_\_\_\_\_

T R A D E

Certificate/License/Registration No. \_\_\_\_\_ State \_\_\_\_\_

5. Describe any other specialized training or education you have received from past employment or experience.

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**SPECIALIZED SKILLS**

(List skill/equipment operated)

Office/Clerical:

Fire/Police:

Public Works:

<input type="checkbox"/> Telephone	_____	_____
<input type="checkbox"/> Fax Machine	_____	_____
<input type="checkbox"/> Calculator	_____	_____
<input type="checkbox"/> Typewriter/wpm_____	_____	_____
<input type="checkbox"/> Dictation/wpm_____	_____	_____
<input type="checkbox"/> Payroll Data Input	_____	_____
_____	_____	_____

COMPUTER EXPERIENCE:  Data Input  Word Processing  Excel  Word

List other software programs you are familiar with: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ Lic# \_\_\_\_\_  
CDL# \_\_\_\_\_

**OTHER QUALIFICATIONS:**

Summarize any special job related skills and qualifications or any additional information that you feel may be helpful to us in considering your application.

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Please list any professional, trade, business or civic activities and offices held. (You may exclude those which would reveal race, color, religion, creed, national origin, age, gender, marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.)

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REFERENCES: List below the names and addresses of 3 persons willing to provide written (if necessary) personal-character references. (No relatives.)

1. _____	(____)
Name & Address	Phone #
2. _____	(____)
Name & Address	Phone #
3. _____	(____)
Name & Address	Phone #

**EMPLOYMENT EXPERIENCE:**

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, national origin, age, gender, marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.

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Employer	Dates Employed From      To
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Address

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Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

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Employer	Dates Employed From      To
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Address

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Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

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Employer	Dates Employed From      To
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Address

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Telephone Number(s)	Work performed
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Job Title	Supervisor
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Reason for Leaving

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**If you need additional space, please continue on a separate sheet of paper.**

APPLICANT'S STATEMENT OF AGREEMENT

I certify that answers contained herein are true and complete to the best of my knowledge. A false statement or willful misrepresentation of facts may be cause for disqualification in examination, interview, eligibility listing and/or removal from public service, if appointed.

I understand that all statements contained on this form are confidential. I authorize the investigation and verification of all facts as may be necessary for the purpose of arriving at an employment decision.

I hereby release my former employers or staff from all liability, except for intentionally giving false information, in responding to inquiries in connection with this application for employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of this organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

**TOWN OF PORTSMOUTH**  
**2200 East Main Road**  
**Portsmouth, RI 02871**

**Authorization for Release of Personal Information**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Town of Portsmouth, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings, medical and psychiatric treatment and consultation including hospitals, clinics private practitioners, the U.S. Veterans Administration, the United States military, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, housing records, real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of a civil nature made by recollections of attorney's at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had any interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Town of Portsmouth to consider in determining my suitability for employment with the Town of Portsmouth.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment with the Town of Portsmouth. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of a facsimile (fax) or this release form will be valid as an original hereof, even though the said photocopy does not contain an original specimen of my signature.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Witness: \_\_\_\_\_