

Background Check: _____

Employee#: _____

T.B. _____

Interview: _____

EAST PROVIDENCE SCHOOL DEPARTMENT
 80 Burnside Avenue
 East Providence, Rhode Island 02915-3295
 401-433-6200

Please attach a copy of your current certificate, transcripts, and resume

ADMINISTRATIVE APPLICATION

POSITION APPLYING FOR: _____

NAME	LAST	FIRST	MIDDLE

PRESENT ADDRESS	# STREET	CITY/STATE	ZIP

TELEPHONE / CELL PHONE	SOCIAL SECURITY #

DATE OF AVAILABILITY _____

ARE YOU UNDER CONTRACT?	EXPIRATION DATE

HAVE YOU FILED AN APPLICATION WITH THE EAST PROVIDENCE SCHOOL DEPARTMENT PREVIOUSLY? _____

WHEN WAS THIS APPLICATION FILED? _____

UNDER WHAT NAME? _____

POSITION APPLIED FOR? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) EITHER WITHIN OR OUTSIDE THE STATE OF RHODE ISLAND.(EXCLUDE TRAFFIC VIOLATIONS IN FINES LESS THAN \$25.00) _____

RHODE ISLAND CERTIFICATE HELD: (Applicant must have and maintain a current certificate for any position that requires certification).

a) ADMINISTRATIVE CERTIFICATE #	EXPIRATION DATE

b) TEACHER CERTIFICATE #	EXPIRATION DATE

PRESENT POSITION AND LOCATION: _____

**THE EAST PROVIDENCE SCHOOL DEPARTMENT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.
 THIS POSITION WILL BE FILLED WITHOUT REGARD TO RELIGIOUS PREFERENCE, RACE, NATIONAL ORIGIN,
 SEX, SEXUAL PREFERENCE, AGE OR DISABILITY**

WORK EXPERIENCE: GIVE A COMPLETE RECORD OF YOUR FULL-TIME WORK EXPERIENCE SINCE GRADUATION FROM HIGH SCHOOL. INDICATE MOST RECENT EXPERIENCE AT TOP OF PAGE, FOLLOWED BY PREVIOUS EXPERIENCE IN CHRONOLOGICAL ORDER. USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED.

FROM: MO. YR. TO: MO. YR. # MONTHS TITLE OF POSITION SALARY-START/FINAL

NAME OF EMPLOYER DUTIES

ADDRESS

NAME OF SUPERVISOR REASON FOR LEAVING

FROM: MO. YR. TO: MO. YR. # MONTHS TITLE OF POSITION SALARY-START/FINAL

NAME OF EMPLOYER DUTIES

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NAME OF EMPLOYER DUTIES

ADDRESS

NAME OF SUPERVISOR REASON FOR LEAVING

**HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION?
IF YES EXPLAIN FULLY:**

WHAT IS YOUR CURRENT SALARY?

PROFESSIONAL REFERENCES: PLEASE LIST ANY REFERENCES WHICH YOU FEEL WOULD SUPPLY US WITH PERTINENT INFORMATION CONCERNING YOUR TRAINING AND EXPERIENCE.

NAME:	POSITION	FULL ADDRESS
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NAME:	POSITION	FULL ADDRESS
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NAME:	POSITION	FULL ADDRESS
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CHARACTER REFERENCES:

NAME:	POSITION	FULL ADDRESS
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NAME:	POSITION	FULL ADDRESS
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NAME:	POSITION	FULL ADDRESS
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MEMBERSHIP IN HONORARY, COLLEGIATE AND/OR PROFESSIONAL ORGANIZATION

FROM MO/YR	TO MO/YR	ACTIVE NOW
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