

Background Ck: _____
TB Test: _____

Employee #: _____

EAST PROVIDENCE SCHOOL DEPARTMENT
80 Burnside Avenue
East Providence, RI 02915
433-6270

APPLICATION FOR EMPLOYMENT

SECRETARY

Date: _____

Name: _____
Last First Middle (Maiden Name)

Address: _____
Number & Street City State Zip Code Years of Residence

Telephone #: _____ Cell Phone #: _____ Social Security #: _____

EDUCATIONAL BACKGROUND:

High School Attended: _____ Number of Years Attended: _____ Year of Graduation: _____
(PLEASE ATTACH A COPY OF DIPLOMA OR EQUIVALENCY)

Post Secondary Education:

College(s) Attended:

<u>Name of College or University</u>	<u>Years Attended</u>	<u>Degree</u>	<u>Year Conferred</u>
_____	_____	_____	_____
_____	_____	_____	_____

Career of Technical School:

<u>Name of School</u>	<u>Years Attended</u>	<u>Year Certificate Conferred</u>
_____	_____	_____

EMPLOYMENT HISTORY:

<u>Name of Organization</u>	<u>Position Held</u>	<u>Date Hired</u>	<u>Reason for Separation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the types of Data/Word Processing Programs you are familiar with (i.e., WordPerfect, Excel, Microsoft Word ext.)

Are you willing to substitute? YES NO

Please list any awards or recognitions you have received:

REFERENCES

Please list the names and addresses of three (3) references, excluding relatives.

Name: _____

Address: _____ Telephone #: _____

City/State: _____ Zip Code: _____ Cell Phone #: _____

Name: _____

Address: _____ Telephone #: _____

City/State: _____ Zip Code: _____ Cell Phone #: _____

Name: _____

Address: _____ Telephone #: _____

City/State: _____ Zip Code: _____ Cell Phone #: _____

I certify that the statements made by me herein, and other information given by me pursuant to my application for employment to the East Providence School Department are true, and complete and made in good faith. I understand that any misstatement or omission may be the basis for dismissal.

Signature

Date

The East Providence School Department is an equal opportunity/affirmative action employer which does not discriminate on the basis of age, sex, race, religion, national origin, color, or disability in accordance with Title IX, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and other applicable federal statutes.

EAST PROVIDENCE PUBLIC SCHOOLS
SCHOOL COMMITTEE
80 Burnside Avenue
East Providence, Rhode Island 02915

CRIMINAL BACKGROUND CHECK

The East Providence School Committee has the responsibility to comply with Federal and State mandated regulations. We as your cooperation in completing the following form to help us meet with requirements pursuant to Rhode Island General Statute (Criminal Background Check).

1. Were you ever known by any other name? If yes, please list the name(s) below.
 Yes No
2. Have you ever been convicted of a crime (felony or misdemeanor) either within or outside of the State of Rhode Island? Yes No

If so, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this form.

3. Are you currently enrolled in a program of deferred adjudication (e.g. accelerated rehabilitation, pre-trial drug or alcohol education)?

If so, identify the jurisdiction in which such program is pending and explanation of the nature of such program on a separate sheet of paper and attach to this form.

I understand that if I am employed by the East Providence School Committee, I will be required to submit to a State and national criminal history records check. I further understand and agree that if I have been convicted of a crime which had not been disclosed to the East Providence School Committee, the Committee may immediately terminate my contract of employment with the East Providence School Department.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic institutions to supply any information regarding my background to the East Providence School Department and to its agents and employees, and I hereby release all such former employers, law enforcement agencies and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

Signature

Date

(Please Print Name)

