



Phone: 401-253-7000  
Fax: 401-253-1570

# Application for Employment

Town of Bristol, Rhode Island  
10 Court Street  
Bristol, RI 02809

Time Received: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us? Advertisement: \_\_\_\_\_ Relative: \_\_\_\_\_ Inquiry: \_\_\_\_\_ Agency: \_\_\_\_\_

Friend: \_\_\_\_\_ Other: \_\_\_\_\_

## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number (SSN)\*: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License #: \_\_\_\_\_

Best time to contact you at home: \_\_\_\_\_:\_\_\_\_\_ AM / PM

Are you legally eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever filed an application with the Town of Bristol? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been employed by the Town of Bristol? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, give date(s): \_\_\_\_\_

Do any of your friends or relatives, other than your spouse, work here? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you currently employed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-Time (1<sup>st</sup> Shift: \_\_\_\_\_ 2<sup>nd</sup> Shift: \_\_\_\_\_ 3<sup>rd</sup> Shift: \_\_\_\_\_)

\_\_\_\_\_ Part-Time (Morning: \_\_\_\_\_ Afternoons: \_\_\_\_\_ Evenings: \_\_\_\_\_)

\_\_\_\_\_ Temporary/Seasonal (Dates available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

Are you currently on "lay-off" status and subject to recall? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Can you travel if the job requires it? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*The Town of Bristol is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.*



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Education				
	Name and Address of School	Course of Study	Number of Years Completed	Degree Earned
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job-related trainings received in the United States military (if applicable).

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## Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer 1:			Dates Employed		Work Performed
Address:			From	To	
City:	State:	Zip:			
Phone Number(s):			Hourly Rate/Salary		
Job Title:	Supervisor:		Starting	Final	
Reason for Leaving:					
Employer 2:			Dates Employed		Work Performed
Address:			From	To	
City:	State:	Zip:			
Phone Number(s):			Hourly Rate/Salary		
Job Title:	Supervisor:		Starting	Final	
Reason for Leaving:					
Employer 3:			Dates Employed		Work Performed
Address:			From	To	
City:	State:	Zip:			
Phone Number(s):			Hourly Rate/Salary		
Job Title:	Supervisor:		Starting	Final	
Reason for Leaving:					

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

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### List professional, trade, business or civic activities and offices held.

You may exclude organizations which would reveal gender, race ,religion, national origin, age, ancestry, disability or other protected status:

\_\_\_\_\_

### Other Qualifications

State any additional information such as special job related skills and that may be helpful to us in considering your application.

\_\_\_\_\_

### Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheets	Production/ Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM: _____	WPM: _____		

**Note to Applicants:** Do not answer the question below unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of this job, for which you are applying, either with or without a reasonable accommodation?

\_\_\_ Yes     \_\_\_ No

### References

1. \_\_\_\_\_  
Name Phone Number
2. \_\_\_\_\_  
Name Phone Number
3. \_\_\_\_\_  
Name Phone Number



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## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. 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.

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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_