



# TOWN OF BARRINGTON EMPLOYMENT APPLICATION

*The Town of Barrington is an equal opportunity employer. The Town does not discriminate on the basis of race, color, national origin, sex, religion, marital or veteran status, age, disability, sexual orientation or any other legally protected status in employment or the provision of services.*

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## **PLEASE READ CAREFULLY**

This application will be kept in the active files for a period of 1 year. If the applicant is not hired during that period, the applicant must complete and execute a new application to be considered for employment. All correspondence or telephone calls concerning application or positions available should be directed to the Human Resources Department, 283 County Road, Barrington, RI 02806, Telephone 401-247-1900 x327.

If during the year we seek employees with your qualifications, we may call and advise you of the testing and/or screening process for that job. To receive this information, you must keep us advised of any change in your address.

Pursuant to RI law, the Town of Barrington is subject to the provisions of the Workers' Compensation Act.

All positions are filled without regard to race, color, religion, national origin, sex, age, veteran status, disability, or sexual orientation.

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*The Barrington Town Hall, Barrington Public Library and Barrington Public Safety Building are accessible to the disabled. Individuals requiring any accommodations for disabilities must notify the Town Clerk's Office at 247-1900 ext. 301 (voice) or call 711 "Relay" if you are a TDY OR TDD user.*

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

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

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

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

Phone (with area code): \_\_\_\_\_ e-mail: \_\_\_\_\_

Are you legally eligible for employment in the US (check one)?  Y  N

**If offered a position, the Immigration Reform and Control Act of 1986 requires you to furnish proof of your Employment Eligibility and your identity.**

Have you ever worked under a different name?  Y  N Name: \_\_\_\_\_

Do you have a current Driver's License?  Y  N State \_\_\_\_\_ Lic. # \_\_\_\_\_

Has your license ever been suspended?  Y  N

### Employment Desired

Position: \_\_\_\_\_ Expected Salary? \_\_\_\_\_

How did you hear about the position?: \_\_\_\_\_

Are you currently employed?  Y  N Where? \_\_\_\_\_

Are you 18 years of age or older?  Y  N Date Available to Start? \_\_\_\_\_

Do you have any relatives currently employed by the Town?  Y  N

Were you previously employed by the Town of Barrington?  Y  N  
If yes, specify: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employment dates

### Education, Training and Service

High School Attended \_\_\_\_\_ Address \_\_\_\_\_

Did you graduate?  Y  N If not, list highest grade completed: \_\_\_\_\_ Do you have a GED?  Y  N

#### Additional education after High School:

College or Vocation School	Major	Diploma/Degree

### Professional Organizations/Licenses

List any job-related organizations of which you are a member and/or list any and all professional licenses you may hold along with license number and expiration date.


### Military Service

Y N

Have you served in the Military?   Branch: \_\_\_\_\_ Status: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Awards: \_\_\_\_\_ specialized training \_\_\_\_\_

Highest rank achieved: \_\_\_\_\_ Honorable Discharge?  Yes  No

### Employment History

List below your last three (3) employers starting with the most recent.

1.

Name/Address of Employer	From	To	Name of Supervisor	Reason for Leaving
	Mo   Yr	Mo   Yr		
	Position held: _____			
	Describe duties: _____			
	Y N			
Phone: _____	May we contact this employer? <input type="checkbox"/> <input type="checkbox"/>			

2.

Name/Address of Employer	From	To	Name of Supervisor	Reason for Leaving
	Mo   Yr	Mo   Yr		
	Position held: _____			
	Describe duties: _____			
	Y N			
Phone: _____	May we contact this employer? <input type="checkbox"/> <input type="checkbox"/>			

3.

Name/Address of Employer	From	To	Name of Supervisor	Reason for Leaving
	Mo   Yr	Mo   Yr		
	Position held: _____			
	Describe duties: _____			
	Y N			
Phone: _____	May we contact this employer? <input type="checkbox"/> <input type="checkbox"/>			

Y N

Have you ever been dismissed or asked to resign from any position?

If yes, please provide details: \_\_\_\_\_

## References

Give the names of three (3) persons not related to you, whom you have known at least one (5) years.

	Name	Address	Name of Employer	Phone
1.				
2.				
3.				

### Applicant's authorization to release Information.

*As an applicant for a position with the Town of Barrington, I hereby authorize past employers and educational institutions to release information about my work history and education to determine my qualifications for this position.*

Y      N

You may release or verify the following items:

Past Employers/Dates of Employment:

Salary History:

Duties and Responsibilities/Positions Held:

Attendance Records:

Reason for leaving/Eligibility for Re-hire:

Educational Institutions/Degree obtained:


I understand that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The Town of Barrington is hereby authorized to make any investigations of my prior education or work history as indicated above.

*Attachments to this application (resumes, certificates, etc.) become the property of the Town of Barrington.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date