



Public Schools

Middletown, Rhode Island 02842



Office of the Superintendent
849-2123

Non-Certified Personnel Employment Application

(Please do not refer to your resume)

Name: _____ Social Security No: _____
(First) (Middle) (Last)

Date of Application: _____ Citizen of United States of American? No: ____ Yes: ____
(Proof of Citizenship is required upon employment)

Position(s) Applying For: _____

Present Address: _____ Telephone: _____
_____ State / Zip: _____

Length of time at this address: _____

Former Address: _____ Telephone: _____
_____ State / Zip: _____

If employed and you are under 18, can you furnish a work permit? Yes _____ No _____

Have you filed an application here before? Yes ____ No ____ If Yes, give date _____

Have you ever been employed here before? Yes ____ No ____ If Yes, give date _____

Are you employed now? Yes ____ No ____ May we contact your present employer? Yes ____ No ____

Are you prevented from lawfully becoming employed in this country because
of VISA or Immigration Status? *(Proof of citizenship is required upon employment)* Yes _____ No _____

On what date would you be available for work? _____

Are you available to work: Full-time _____ Part-time _____ Shift Work _____ Temporary _____

Are you on a lay-off and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

The Middletown School Department is an equal employment opportunity / affirmative action employer.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

| | | | | | |
|---|--------------------|------------------|----------------|----|----------------|
| 1 | Employer | Telephone () | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Job Title | | | | |
| | Supervisor | | | | |
| | Reason for Leaving | | | | |
| 2 | Employer | Telephone () | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Job Title | | | | |
| | Supervisor | | | | |
| | Reason for Leaving | | | | |
| 3 | Employer | Telephone () | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Job Title | | | | |
| | Supervisor | | | | |
| | Reason for Leaving | | | | |
| 4 | Employer | Telephone () | Dates Employed | | Work Performed |
| | Address | | From | To | |
| | Job Title | | | | |
| | Supervisor | | | | |
| | Reason for Leaving | | | | |

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

Special Skills and Qualifications:

Summarize special skills and qualifications
acquired from employment or other experience

Consent For Background Check

As an applicant for employment with the Middletown Public Schools, I hereby authorize the Middletown Public Schools and its agents to conduct a complete background investigation on my person. This authorization allows the Middletown Public Schools and its agent’s access to any and all public and private employment records, criminal history, and any other documented events that may have a bearing on the above stated purpose.

Signature Date

Name: _____ DOB: _____ SS#: _____

Address: _____
Number Street City State, Zip

Equal Employment Opportunity Information

The Middletown School Department is an Equal Employment Opportunity / Affirmative Action employer. This program is attempting to monitor recruitment and selection in order to assure equal employment opportunity.

“Completion of this portion of the application is **Strictly Voluntary** and will not affect your opportunity for consideration for this position”

SEX: M _____ F _____ Handicap _____ Veteran _____

RACE: American Indian / Alaskan Native _____ Asian American / Pacific Islander _____

Black _____ Hispanic _____ White _____ Other: _____

Name (printed) Signature Date

Applicant’s Statement

I swear that all information contained herein is true to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Middletown School Department.

Signature of Applicant: _____ Date: _____

Subscribed and Sworn pursuant to Rhode Island General Laws this _____ day of _____, 20 _____

Notary Public

Printed Name of Notary: _____

Address of Notary: _____