

JOHNSTON PUBLIC SCHOOLS

10 Memorial Avenue
Johnston, Rhode Island
02919

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION _____

POSITION APPLYING FOR _____

NAME _____
Last Name First Name Middle Initial

STREET AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER () _____

EMERGENCY TELEPHONE NUMBER () _____

SOCIAL SECURITY NUMBER _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY () Yes () No

IF YOU ARE UNDER 18 YEARS OLD, CAN YOU FURNISH A WORK PERMIT () Yes () No

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE PAST SEVEN (7) YEARS () Yes () No

Would you be willing to work

FULL TIME _____ PART-TIME _____ SUBSTITUTE _____

The Johnston Public Schools welcomes diversity in its employment opportunities, programs, and activities. It is the policy of the Johnston Public Schools not to discriminate on the basis of age, sex, marital status, race religion, national origin, color, political affiliation, or handicap in its employment practices. Inquiries regarding compliance with Equal opportunity/Affirmative Action may be directed to the Superintendent of Schools, 10 Memorial Avenue Johnston, Rhode Island 02919, Equal Opportunity/Affirmative Officer.

The Johnston Public Schools is subject to the provisions of the Workers' Compensation Act.

EMPLOYMENT HISTORY

Start with your present job. Exclude organization names which include race, color, religion, sex, or national origin.

Name and address of Employer Name of Immediate Supervisor	Your job title Job description	Dates of Employment	Reason for Leaving

If currently employed, may we contact your present employer () NO () YES

RECORD OF EDUCATION

School	Name and Address	Course of Study	Years Attended		Last Year Completed	Degree
			From	To		
High					1 2 3 4	
College					1 2 3 4	
Other					1 2 3 4	

PERSONAL REFERENCES

Name and Occupation	Mailing Address	Telephone

ORGANIZATIONS

List membership(s) in any organization you consider relevant to your ability to perform the job for which you are applying.
