

NAME _____

SOCIAL SECURITY # _____

TELEPHONE (home): _____

TELEPHONE (work): _____

ADDRESS _____

POSITION DESIRED:

FULL TIME

PART TIME

LOCATION:

SUBSTITUTE

Secretary \$8.50/hr.

Clerk \$8.00/hr.

SUBSTITUTE POSITION PREFERRED:

Teacher Assistant \$8.50/hr.

Custodian \$9.00/hr.

DAYS/HOURS AVAILABLE: _____

DATE AVAILABLE: _____

EDUCATION

NAME OF SCHOOL	TYPE OF SCHOOL	ADDRESS/CITY/STATE	GRADUATED YES OR NO	MAJOR/ DEGREE

Are your educational/work records listed under a different name? If 'Yes', please indicate.

EMPLOYMENT

(VOLUNTEER EXPERIENCE OPTIONAL)

List most recent employers, starting with your present position. Include military service. Use additional sheets if necessary.

Employer Name/Address	Phone	List last position held, supervisor, reason for leaving	Salary	Dates Employed
1.			Starting:	From:
			Leaving:	To:
2.			Starting:	From:
			Leaving:	To:
3.			Starting:	From:
			Leaving:	To:

UNEMPLOYMENT

Account for ALL unemployed time after leaving school, starting with the present or most recent.

FROM	TO	STATE WHAT YOU WERE DOING

REFERENCES

NAME	ADDRESS	OCCUPATION

Use the back of this page if more space is needed. Please number appropriately.

<p>1. What special skills (typing, computers, etc.), do you have?</p>
<p>2. What other relevant information would be helpful to know about you? (For example, any school activities, leadership positions, community involvement, etc.)</p>
<p>3. What plans do you have for further education?</p>
<p>4. Were you discharged or asked to resign from any position? (If yes, please explain.)</p>
<p>5. May we contact your present employer? (If yes, please state name, telephone, address)</p>
<p>6. Are you a citizen of the United States, or authorized to work in the United States?</p>
<p>7. Were you previously employed by the Burrillville School Department? If yes, when and where?</p>
<p>8. Have you been convicted of a crime in the last five (5) years? If yes, please explain.</p>

PLEASE READ CAREFULLY

I authorize the Burrillville School Department to contact my former employers, references, and other sources in order to verify the facts regarding my character and qualifications. I hereby release any such person/s from liability of any nature in connection with the furnishing of such information.

I affirm that I have read the above information and have answered all questions completely and accurately. I understand that any omissions or falsification of information on this application or my resume will be cause for dismissal at any time after employment.

Date: _____ Signature: _____

APPLICANT: _____

POSITION APPLYING FOR: _____

Completion of this portion of the application is STRICTLY VOLUNTARY and will not affect your opportunity for consideration for this position.

SEX Male Female

HANDICAP Yes No

VETERAN Yes No

RACE

American Indian/Alaskan Native

Asian American/Pacific Islander

Black

Hispanic

White

RACE/ETHNIC/HANDICAP IDENTIFICATION

CATEGORY:

- | | |
|---|--|
| American Indian/
Alaskan Native | All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |
| Asian American/
Pacific Islander | All person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. |
| Black (<i>not of
Hispanic origin</i>) | All persons having origins in any of the Black racial groups in Africa. |
| Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| “WHITE” (<i>not of
Hispanic origin</i>) | All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |

HANDICAP

All persons with a physical or mental disability that substantially impairs or restricts one or more of such major life activities as walking, seeing, hearing, speaking, working, or learning. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a handicap by the regulation. Handicap conditions include, but are not limited to:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Alcoholism • Cancer • Cerebral Palsy • Deafness or Hearing Impairment • Diabetes • Drug Addiction • Epilepsy | <ul style="list-style-type: none"> • Heart Disease • Mental or Emotional Illness • Mental Retardation • Multiple Sclerosis • Muscular Dystrophy • Orthopedic, Speech, or Visual Impairment • Perceptual Handicaps; such as, dyslexia, a minimal brain dysfunction, developmental aphasia |
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