

### APPLICATION FOR EMPLOYMENT

Please fill out this form and mail to:

RIHSA  
(401) 351-2750  
1126 Hartford Avenue  
Johnston, RI 02919  
Or fax to:  
(401) 351-6609

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Last Name	First Name	Middle Name
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Social Security Number	Position Desired
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Street Address	Home
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City, State, Zip	Business Phone
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Have you ever been convicted of any crime? Yes \_\_\_ No \_\_\_ Reason \_\_\_\_\_

Have you ever applied for employment with us? Yes \_\_\_ No \_\_\_ If yes: Month/Year \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	GRADUATE YES__ NO__	DEGREE OR DIPLOMA
COLLEGE				
HIGH SCHOOL				
ELEMENTARY				
OTHER				

List memberships in professional or civic organizations.  
(exclude those which may disclose your race, color, religion or national origin)

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Referred by:

Internal Use Only

Manager Review	Date	Interview Date
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**EMPLOYMENT**

Give a complete full-time and part-time employment record. Start with your most recent employer.

Company Name		Telephone	
Address		Employed From	To
Job Title	Name of Supervisor	Weekly Earnings	
Can we contact this employer? Yes___ No___		If no state reason:	

Company Name		Telephone	
Address		Employed From	To
Job Title	Name of Supervisor	Weekly Earnings	
Can we contact this employer? Yes___ No___		If no state reason:	

Company Name		Telephone	
Address		Employed From	To
Job Title	Name of Supervisor	Weekly Earnings	
Can we contact this employer? Yes___ No___		If no state reason:	

**REFERENCES**

Name	Relationship	Telephone Number	Years Known
1.			
2.			
3.			

Date\_\_\_\_\_ Signature\_\_\_\_\_