

Ballou Home for the Aged

60 Mendon Road
Woonsocket, RI 02895
(401)769-0437

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, gender identity or expression, national origin, country of ancestral origin, pregnancy or related condition, age, sexual orientation, mental or physical disability, HIV/AIDS, homelessness, or any other characteristic protected by law.

(Please Print)

Position (s) Applied for: _____

Date of Application: _____

How did you learn about us?

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip

Telephone Number: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you been employed in another State? If yes, give State: _____ Yes No

On what date would you be available for work? _____

Are you available for work: Full Time Part Time Shift Work Temporary

Are you currently in a "Lay-Off Status"? Yes No

Can you travel if the job requires it? Yes No

Driver's License Number: _____ State: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

EDUCATION

	ELEMENTARY SCHOOL	HIGH SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY	GRADUATE PROFESSION
SCHOOL NAME - LOCATION				
YEARS COMPLETED	4/5/6/7/8	9/10/11/12	1/2/3/4	1/2/3/4
DIPLOMA/DEGREE DESCRIBE COURSE OF STUDY				
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP SKILLS, EXTRA CURRICULAR ACTIVITIES				
DESCRIBE ANY HONORS YOU RECEIVED				
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO YOUR APPLICATION.				

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, WRITE AND OR READ

	FLUENT	GOOD	FAIR	N/A
READ				
WRITE				
SPEAK				

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

PROFESSIONAL REFERENCES

Give name, address and telephone number of three professional references, preferably supervisors.

1.	
2.	
3.	

Have you ever had any job related training in the United States military? Yes No

If yes, please describe: _____

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government Agencies at times require periodic reports on the sex, ethnicity, handicap, Veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSIONS OF THIS INFORMATION IS VOLUNTARY.**

Name
Address
City
Social Security Number:

Check One <input type="checkbox"/> Male <input type="checkbox"/> Female
Check one of the following:
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaskan Native
Check if the following is applicable:
<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
Birthdate: _____

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I, understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate _____ Department: _____

NOTES:
