



**OFFICE OF THE HUMAN RESOURCES MANAGER**

## Application for Seasonal/Temporary Employment

**Please print information and complete entire application.**  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

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Position(s) Applied For Date of Application

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Last Name First Name Middle Name

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Address Number Street City State Zip Code

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Contact information Home number Cell number Email address

How did you learn about this position?

Newspaper   
  Narragansett Website   
  On-line posting   
  Relative  
 Friend   
  Employment Agency   
  Other: \_\_\_\_\_

**Please answer the following questions:**

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes/No  
 Are you currently employed? 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? Yes/No (Proof of citizenship or immigration status will be required).  
 On what date would you be available for work? \_\_\_\_\_  
 Are you currently on "lay-off" status and subject to recall? Yes/No  
 Do you have any friends or relatives that are currently employed with the Town?

Names: \_\_\_\_\_

**Education:**

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High School Years Completed Graduation Date

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College/Technical School Years Completed Graduation Date

Please attach additional information that you would like to be considered in review of your application.

**Employment History**

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, disabilities or other protected status.

1.

Employer/Company Name	Supervisor Name	Employer Tele. #(s)
Employer Street Address	Job Title	Hourly Rate/Salary
Employer State	Zip Code	Dates Employed To/From
Reason for leaving		

2.

Employer/Company Name	Supervisor Name	Employer Tele. #(s)
Employer Street Address	Job Title	Hourly Rate/Salary
Employer State	Zip Code	Dates Employed To/From
Reason for leaving		

**References**

Name	Address	Phone #

**Applicant’s 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at Will” nature, which means that the Employee may resign at any time and the 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
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