



Foster - Gloucester Regional School District
 91 Anan Wade Road
 N. Scituate, RI 02857
 P: 401-710-7500
 F: 401-710-9843

Non Certified Application

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.

Date of Application	Position Applied For
Name (Last, First, Middle)	Mailing Address
Home Telephone Number	Social Security Number
Work Telephone Number May we contact you at work?	Are you legally authorized to work in the United States?
Best Time to contact is: ____:____ AM ____:____ PM ____ ANYTIME	If you are under 18 years of age, can you provide required proof of your eligibility to work?
Date available for work ____/____/____	If required for job applied for, do you possess valid driver's license?
Are you currently employed? May we contact your present employer?	Were you previously employed by the Foster Gloucester School Department? If so, in what capacity and when?
Are you currently on "lay-off" status and subject to recall?	Do any of your friends or relatives, work for the Foster Gloucester School Department?
Are you available to work: Full Time _____ Part Time _____	What is your desired salary range?

Have you been convicted of a felony? ____Yes ____No

Have you ever entered a plea of Nolo Contendre to a crime? ____Yes ____No

A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? ____Yes ____No

Have you ever been disciplined, discharged, or asked to resign from a prior position? ____Yes ____No

Has your contract in a prior position ever been non-renewed? ____Yes ____No

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? ____Yes ____No

Have you ever had a professional license or certificate, suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? ____Yes ____No

This Employer is subject to the provisions of the Workers' Compensation Act of the State of Rhode Island

Education

	School Name and Address	Course/Major	Did you Graduate	Degree or Certificate Received
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Please list any certifications currently held.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EMPLOYMENT EXPERIENCE

Start with your most recent 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.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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ADDITIONAL INFORMATION

SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	
<input type="checkbox"/> Spreadsheet			

State any additional information you feel may be helpful to us in considering your application.

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REFERENCES

1.	
(Name)	(Phone #)
(Address)	
2.	
(Name)	(Phone #)
(Address)	
3.	
(Name)	(Phone #)
(Address)	
4.	
(Name)	(Phone #)
(Address)	

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no misrepresentations or falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, falsifications and/or omissions, my application may be rejected and, should I be employed, my service may be terminated.

DATE

SIGNATURE

Note to Applicants:

PLEASE DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Can you perform the essential functions of the job with or without a reasonable accommodation?

____ WITH ____ WITHOUT

For School Department Use

Date Received: _____

Person Receiving the Application: _____

CONFIDENTIAL REFERENCE REQUEST

I grant permission for the release of any and all information, as requested by the Foster-Glocester School Department, for the purposes of employment verification and background investigation. I understand that this application is not, nor is it intended to be, a contract of employment and hereby release from all liability the employer and representatives, for seeking such information and all other persons or organizations for furnishing such information. A copy of this release should be deemed the equivalent of the original for all purposes, including, but not restricted to the confirmation of whether or not I have a criminal record.

Name

Social Security Number

Applicant's Signature

Date