

[www.accesspointri.org](http://www.accesspointri.org)

### APPLICATION FOR EMPLOYMENT

AccessPoint RI is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability, or veteran's status.

For consideration answer completely and accurately. Do not reference resume. If you require accommodation due to disability in order to complete the application process please let us know what accommodation you require.

<b>P E R S O N A L I N F O R M A T I O N</b>	Last Name <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>			Date
	Street Address (Current)			Home Phone (   )
	City, State, Zip (Current)			Message Phone (   )
<b>R E S U M E</b>	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: Month and Year		Have you ever worked for the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: Month and Year	
	Position Desired			Social Security Number
<b>S A L A R Y</b>	Salary Requirement			
	Can you perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you don't have a phone, how may we contact you?	
<b>O T H E R</b>	Days, Hours available to work? (Full, Part, Temp) <input type="checkbox"/> Weekends <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift			Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? (Proof required at time of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
<b>A D D I T I O N A L</b>	How were you referred to AccessPoint RI? Newspaper <input type="checkbox"/> Online <input type="checkbox"/> Self <input type="checkbox"/> AccessPoint RI Employee <input type="checkbox"/> Specify _____   Other <input type="checkbox"/> Specify _____			
	Are any of your relatives presently employed by AccessPoint RI? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, name of relative _____			

<b>E D U C A T I O N</b>	<b>SCHOOL</b>	<b>NAME AND LOCATION OF STUDY</b>	<b>COURSE</b>	<b>CIRCLE LAST YEAR COMPLETED</b>	<b>DID YOU GRADUATE?</b>	<b>DEGREE</b>
	Graduate School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	High School			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other Training & Skills			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you under 18?    Yes    No   Employment is subject to verification of minimum legal age.

Do you have a valid driver's license?    Yes    No

Have you had your driver's license for at least two years?    Yes    No

<b>M I L I T A R Y</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>		<b>BRANCH OF SERVICE</b>	Period of Active duty (mo & yr)
	Describe your duties and any special training		From                      To	Date of final discharge
			Rank at Discharge	

# EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer. Account for all the time over the last ten years.

<b>1</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
<b>2</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
<b>3</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving
<b>4</b>	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above as part of the Agency's background investigation of all prospective employees.

<b>D R I V I N G</b>	Current License: # _____ State _____ Class _____ Exp. Date _____
	Have you ever had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
	Have you ever been involved in an accident during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____
	Have you been convicted of violations of motor vehicle laws or ordinances (other than parking) in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____

<b>R E F E R E N C E S</b>	List two references familiar with your recent work whom we may contact	
	1. Name _____	Phone Number _____
	Position Title: _____	Company Name _____
	2. Name _____	Phone Number _____
	Position Title: _____	Company Name _____

<b>S I G N A T U R E</b>	I understand and agree that this agency will complete a criminal conviction and driving record check as a part of the selection process for employment, and that all employment offers will be contingent upon the results of this background investigation. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.
	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit history or personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the Agency so I may obtain from them the nature and substance of the information contained in the report.
	I authorize AccessPoint RI to contact any or all of my former employers or any of the references I supplied, for the purpose of verifying any information, whether favorable or unfavorable, about me or my employment with any former employer, except as noted below. _____ _____ _____
	Date _____ Applicant Signature _____

## Voluntary Information

(This is Not Part of the Application Form)

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Position Applied For: \_\_\_\_\_

AccessPoint RI is an Equal Opportunity / Affirmative Action employer and voluntarily complies with the laws and regulations related to employment. Some of these laws and regulations require the Agency to file annual statistical reports about the people who apply for jobs with the Agency. In addition, we wish to voluntarily comply with the laws which protect disabled individuals, disabled veterans and veterans who served on active duty in Vietnam for more than 180 days.

You are not required to provide the information below as part of your application for a job. The information contained on this form will be used for government reporting and voluntary affirmative action programs and to monitor compliance with section 503 of the rehabilitation act. If you do not fill out this form it will have no effect on your application for employment.

Any information you provide will be kept confidential, except that it may be provided to government officials in the course of compliance audits or investigations.

Male \_\_\_\_\_ Female \_\_\_\_\_

White or Caucasian \_\_\_\_\_

Black or African American \_\_\_\_\_

Hispanic or Latino \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Other \_\_\_\_\_ Specify \_\_\_\_\_

Disabled (Section 503) \_\_\_\_\_

**Defined:** A person who has a physical or mental impairment which subsequently limits one or more major life activities or has a record of such impairment, or is regarded as having an impairment.

Vietnam-Era \_\_\_\_\_

**Defined:** A person who served on active duty for more than 180 days, any part of which was between August 5, 1964 and May 7, 1975, and was discharged or released with other than dishonorable discharge; or was discharged or released from active duty for a service connected disability if any part of service was performed between August 5, 1964, and May 7, 1975.

Disabled Veteran \_\_\_\_\_

**Defined:** A veteran entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Veterans' Administration, or a person whose service-connected disability.

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