

APPLICATION FOR EMPLOYMENT

Smithfield Conservation Commission Smithfield Youth Conservation Corps

Smithfield Town Hall
HR Dept
64 Farnum Pike
Smithfield, RI 02917

Name		S. S. #	
Address			
City		State	Zip
Telephone Number		Position applying for: <i>See Below</i> Supervisor position: Must be age 18 or older. Are you age 18 or older? Yes / No Crew members – please complete the attached form.	

EDUCATION

	Name and Location of School	Course of Study	# of Years Completed	Diploma/ Degree
Elementary				
Middle School				
High School				
College				
Vocational				

Please list two adult school references:

Name:

School name or phone number:

Name:

School name or phone number:

What are the experiences, skills, qualifications and interests which would qualify you for this position? You may also include your school and /or community interests.

REFERENCES (Please list three persons, who are not related to you, who can provide professional references.)

Name & Occupation	Address	Phone Number	Years Known

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 relationship with this organization is on 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 an authorized executive of this organization specifically acknowledges such change in writing.

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