

The Providence Center

APPLICATION FOR EMPLOYMENT

Please fill in the application yourself, giving complete answers to the questions. It is the policy of The Providence Center to give equal opportunity to all qualified applicants without regard to race, color, creed, national origin, age, sex, sexual orientation, veteran's status or handicapping condition.

MAIL TO: The Providence Center, Attn: Human Resources, 530 North Main Street, Providence, RI 02904

PERSONAL DATA

| | | | | | |
|---|--|---|--|------------|--|
| Date: | | Phone #: | | E-Mail: | |
| First Name: | | MI: | | Last Name: | |
| Social Security #: | | Other Names Worked Under: | | | |
| Street: | | City: | | State: | |
| | | | | Zip: | |
| Are you a US citizen? | | If no, do you have the legal right to work in the US? | | | |
| Please explain: | | | | | |
| (IF SELECTED FOR EMPLOYMENT YOU WILL BE ASKED TO PROVIDE PROOF OF CITIZENSHIP OR ALIEN REGISTRATION STATUS) | | | | | |

JOB DESIRED

| | | | | | |
|--|-----------|-------------|----------|-----------------------|--|
| Position Applied For: | | | | | |
| I prefer to work with: (circle all that apply) | Adults | Adolescents | Children | | |
| I prefer to work: (circle one) | Full-time | Part-time | On-Call | Rate of pay expected: | |
| How did you hear of The Providence Center? | | | | | |

EDUCATIONAL BACKGROUND

| | | | | | | | |
|---|--|-----------|--|-------------------|--|-----------------|--------------|
| High School: | | Location: | | Did you graduate? | | Course/Major | |
| College: | | Location: | | Did you graduate? | | Highest Degree: | Course/Major |
| Other: | | Location: | | Did you graduate? | | Course/Major | |
| Identify License(s) you hold and the expirations date(s): | | | | | | | |

MISCELLANEOUS

| | | | |
|--|-------------------------------|--------------------------------|---|
| Do you speak any language other than English? | | If yes, which one(s)? | |
| Can you | read <input type="checkbox"/> | write <input type="checkbox"/> | speak <input type="checkbox"/> these languages? |
| Have you ever served in the Armed Forces? | | If yes, what branch? | |
| Education and/or certificates received in the Service: | | | |
| Have you ever been convicted of or pleaded nolo contendere to a felony or misdemeanor? | | | |
| If yes, please explain: | | | |

EMPLOYMENT

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

| | | | |
|--------------------|--|-----------------------------------|--|
| | | | |
| Company Name | | Telephone # | |
| Street Address | | Dates of Employment | |
| City and State | | Last annual salary or hourly rate | |
| Job Title | | Reason for Leaving | |
| Name of Supervisor | | Supervisor's phone number | |
| | | | |
| Company Name | | Telephone # | |
| Street Address | | Dates of Employment | |
| City and State | | Last annual salary or hourly rate | |
| Job Title | | Reason for Leaving | |
| Name of Supervisor | | Supervisor's phone number | |
| | | | |
| Company Name | | Telephone # | |
| Street Address | | Dates of Employment | |
| City and State | | Last annual salary or hourly rate | |
| Job Title | | Reason for Leaving | |
| Name of Supervisor | | Supervisor's phone number | |
| | | | |

AUTHORIZATION FOR CREDENTIAL INVESTIGATION

I understand that The Providence Center will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in the interview. I authorize all individual, schools, firms, and other individuals named therein, except my current employer if so noted, to provide any reference or other information requested about me, and I release them from all liability for damage in providing this information.

CRIMINAL HISTORY RECORDS CHECK

I understand that if I am hired as an employee or as a volunteer, intern/student, consultant, or temporary employee at The Providence Center, I will be subjected to a BCI check prior to employment. I will apply to the Bureau of Criminal Identification at the Attorney General's office or my local police dept. in my state of residence. I understand that any disqualifying information is grounds for denial of, or termination of employment. In addition, I must maintain my BCI status throughout my employment with The Center as a condition of continued employment. Therefore, I understand that I must notify Human Resources (HR) at The Center of any future changes to my BCI status and that failure to notify HR of any changes may result in termination of my employment.

I understand that if I am hired to provide services, supervise or have disciplinary power over children, or routinely have contact with children without the presence of other employees, in addition to obtaining a BCI check, I must also complete a Criminal Records Affidavit, Employment History Affidavit, DCYF Clearance Request, and have fingerprinting from my local police department prior to employment. The Center will receive written notification that I either do or do not have disqualifying information. I understand that any disqualifying information is grounds for denial of, or termination of employment.

CERTIFICATION OF ACCURACY

I certify that all statements in this application and on my attached resume (if applicable) are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|