## NARRAGANSETT SCHOOL SYSTEM

## An Equal Opportunity Employer

| RMATION:                          |  |   |  |   |  |
|-----------------------------------|--|---|--|---|--|
|                                   | Date:  |   |  |   |  |
|                                   |  |   |  |   |  |
| First                             | Midd   | dle Initial   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  | City  | State  | e Zip   |  |
|                                   |  | City  | State  | e Zip   |  |
| Ollect                            |  | •   |  | Σίρ   |  |
|                                   | Phone No.  |   |  |   |  |
| ESIRED                            |  |   |  | _   |  |
|                                   |  |   |  | Salary  |  |
|                                   | If so  |   | Start  | Desired   |  |
| I now?                            |  | •   | esent employe  | r?  |  |
|                                   |  |   |  | When:   |  |
| <u>a ayatem be</u>                | <u> </u>   | VVIIC   | 516.   | vviieii.  |  |
|                                   |  |   |  |   |  |
| EDUCATION:NAME/LOCATION OF SCHOOL |  | NO. YRS.  | DID YOU  | U SUBJECTS  |  |
| High Sch.                         |  | ATTENDED  | GRADUATE?  | GRADUATE? STUDIED   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  |   |  |   |  |
|                                   |  | dicate the race   | e, creed, sex, ag  | e, marital status,  |  |
|                                   |  |   | Membership   | in National   |  |
|                                   | Rank   |   | Guard or Reserves  |   |  |
|                                   | Street SS Street  PESIRED  I now? S system be  E/LOCATION OF | Street  Street  ESIRED  If so Inquire s system before?  E/LOCATION OF SCHOOL  organizations which in igin of members. | First Middle Initial  Street City SS Street City Pho Date Can If so, may we I now? Inquire of your press system before? Whe  E/Location of school No. Yrs. ATTENDED  organizations which indicate the race | First Middle Initial  Street City State SS Street City State Phone No.  PESIRED  Date You Can Start  If so, may we Inquire of your present employe S system before? Where:  PLOCATION OF SCHOOL NO. YRS. ATTENDED GRADUATE?  Did YOU ATTENDED GRADUATE?  Membership |  |

(continued on other side)

| FORMER EMPL  | OYERS (List three employers.       | Start with th  | e last one fire | st.)           |  |  |  |  |
|--|------------------------------------|----------------|-----------------|----------------|--|--|--|--|
| Date   |                                    |                |                 | Reason         |  |  |  |  |
| Month and Year   | Name/Address of Employer           | Salary         | Position        | Left           |  |  |  |  |
| From   |                                    |                |                 |                |  |  |  |  |
| То   |                                    |                |                 |                |  |  |  |  |
| From   |                                    |                |                 |                |  |  |  |  |
| То   |                                    |                |                 |                |  |  |  |  |
| From   |                                    |                |                 |                |  |  |  |  |
| То   |                                    |                |                 |                |  |  |  |  |
| Which of these jobs did you like best?   |                                    |                |                 |                |  |  |  |  |
| without of these jobs did you like best:   |                                    |                |                 |                |  |  |  |  |
| What did you like most about this job?   |                                    |                |                 |                |  |  |  |  |
| REFERENCES: Three persons, not related, whom you have known one year.  |                                    |                |                 |                |  |  |  |  |
| ILLI LIVLIAGES.  |                                    | Jili you liave | KIOWII OIIE Y   | Years-         |  |  |  |  |
| Name   | Address                            | Business       | Business        |                |  |  |  |  |
| Hamo   | 7.34.000                           | 240000         |                 | Acquainted     |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
| In Case of Emerge  | ency                               |                |                 |                |  |  |  |  |
| Name   | Address                            |                | Pł              | none No.       |  |  |  |  |
| "I certify that the fa   | acts contained in this application | are true and   | complete to t   | the best of my |  |  |  |  |
| knowledge and understand that, if employed, falsified statements on this application shall be                                |                                    |                |                 |                |  |  |  |  |
| grounds for dismissal.   |                                    |                |                 |                |  |  |  |  |
| I authorize investigation of all statements contained herein and the references listed above to                              |                                    |                |                 |                |  |  |  |  |
| give you any and all information concerning my previous employment and any pertinent   |                                    |                |                 |                |  |  |  |  |
| information they may have, and release all parties from all liability for any damage that may                                |                                    |                |                 |                |  |  |  |  |
| result from furnishing same to you.  |                                    |                |                 |                |  |  |  |  |
| I understand and agree that, if hired, my employment, if for no definite period, may,  |                                    |                |                 |                |  |  |  |  |
| regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause." |                                    |                |                 |                |  |  |  |  |
| phor holice and W  | mout Gause.                        |                |                 |                |  |  |  |  |
| Date   | Signature                          |                |                 |                |  |  |  |  |
|  | DO NOT WRITE BEL                   | OW TUIS I      | INE             |                |  |  |  |  |
|  | DO NOT WRITE BEL                   | OW THIS L      | 114L            |                |  |  |  |  |
| Interviewed by   |                                    | Date           |                 |                |  |  |  |  |
| •  |                                    |                | Date            |                |  |  |  |  |
| Remarks:   |                                    |                |                 |                |  |  |  |  |
|  |                                    |                |                 |                |  |  |  |  |
| Hired: Yes No  | Position                           |                | Location:       |                |  |  |  |  |
|  |                                    |                |                 | -              |  |  |  |  |
| Date Reporting to  | VVOIK                              |                |                 |                |  |  |  |  |