

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which are based on 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/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ___Yes ___No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ___Yes ___No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ___Yes ___No

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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.

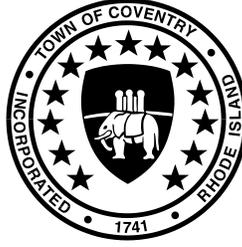
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless, such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Thomas R. Hoover
Town Manager



TOWN OF COVENTRY
1670 Flat River Road, Coventry, RI 02816
Telephone (401)822-9185 Fax (401)822-9139

TO: JOB APPLICANT

RE: MANDATORY DISCLOSURE LAW

Be advised that the Town of Coventry as an employer is subject to Chapter 29 of the Rhode Island General Laws regarding Workers' Compensation General Provisions.

All employers doing business in the state of Rhode Island shall disclose to all prospective employees at the time of application for employment either that the employer is subject to chapters 29 – 38 of this title or is exempt from chapters 29 – 38 of this title.

Under this law, we have an obligation to disclose to all prospective employees at the time of application for employment that we are subject to this State of Rhode Island Law.

Refer to RIGL §28-29-6.2.