

THIS SECTION IS TO BE FILLED IN BY APPOINTING AGENCY

Class Title and Number

Identify below the license or certificate required by the class specification and held by the applicant

Type of License _____ License Number _____ Date Issued _____

PRE-EMPLOYMENT INFORMATION – TO BE FILLED OUT BY APPLICANT

Applicants selected for an interview will be required to complete the Criminal Record Supplemental Form (CS-14B) at the time of initial interview or anytime thereafter. A conviction is not necessarily a bar to employment. See RIGL §28-5-7(7).

1. Print Name (as you wish it to appear on payroll check and official records) _____	2. Telephone Number _____
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3. Print Actual Address (Street and Number, City, State and Zip Code) _____	4. Mailing Address (if different) _____
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EDUCATION

ELEMENTARY AND SECONDARY EDUCATION

Highest school grade completed 1 2 3 4 5 6 7 8 9 10 11 12	Type of High School Course _____
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Name and address of elementary or secondary school last attended _____	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL AND OTHER EDUCATION

Name of School	Major and/or Course of Study	Dates Attended		Type of Diploma or Degree Earned	If No Degree, # of Credits
		From	To		

5. Have you ever worked for the State before? <input type="checkbox"/> NO <input type="checkbox"/> YES - Name of agency/organization: _____	6. Have you ever been dismissed from any position? If your answer is yes, give details on an attached sheet. <input type="checkbox"/> YES <input type="checkbox"/> NO
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EXPERIENCE

7. Describe below all the positions you have held in the past ten years. In addition, describe any other experience which you think may qualify you for this job. Include all previous employment with the State of Rhode Island. Begin with your present or most recent employment.

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

Duties:

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

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Duties:

Name of Employer	Type of Business	Lowest Weekly Salary	From (Date)
Address of Employer	Title of Position	Highest Weekly Salary	To (Date)

Duties:

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated.

_____ DATE _____ SIGNATURE _____

IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED. YOU MUST ALSO ATTACH THE "CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE (CS14-B) TO THIS APPLICATION.	
Approved by Appointing Authority/Signature _____	DATE _____
Title of Appointing Authority _____	

STOP! Do not write in the spaces below!

Date of Birth _____ MM / DD / YYYY	Social Security No. _____-_____-_____ - -	Age _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a Veteran? (Including a Desert Storm activation) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a War Veteran? Yes No If yes, identify below the War/Conflict and the dates of service that apply: _____ War/Conflict _____ Service Dates	Do you have proper "WORK AUTHORIZATION" documentation to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a disabled Veteran? (RIGL 36-4-19) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ SIGNATURE _____ DATE _____		