



spurwink|ri

APPLICATION FOR EMPLOYMENT

935 Park Ave, STE 214, Cranston, RI 02910-2748

Telephone: (401) 781-4380 Fax: (401) 781-4396

Date: _____

PERSONAL INFORMATION

Name: _____

Telephone: _____

Street: _____

Email: _____

City / State / Zip: _____

Are you 18 Years or older? Yes No

Do you have regular access to an insured vehicle? Yes No

Have you had a valid U.S. driver's license for the past 3 years? Yes No

Have you had more than 2 auto accidents or moving violations in the past 3 years? Yes No

Are you a U. S. Citizen? Yes No

Are you authorized to work in the U.S.? Yes No

How far are you willing to commute to work? _____

What days & hours are you available to work (please check your availability)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7am - 3pm	7am - 3pm	7am - 3pm	7am - 3pm	7am - 3pm	7am - 3pm	7am - 3pm
3pm - 11pm	3pm - 11pm	3pm - 11pm	3pm - 11pm	3pm - 11pm	3pm - 11pm	3pm - 11pm
11pm - 7am	11pm - 7am	11pm - 7am	11pm - 7am	11pm - 7am	11pm - 7am	11pm - 7am

EMPLOYMENT DESIRED

Position: _____ Full time (35+ Hrs) Part time (20 Hrs) Fill In (As needed)

Date available to start: _____ Desired salary / pay: _____

Are you employed now? Yes No If not, reason for leaving? _____

Have you applied to this company before? Yes No If yes, when? _____

How did you hear about spurwink|ri? Employment Agency Newspaper Ad Radio Ad Walk-In
 Online Job Board State Employment Office College Placement Friend Other

spurwink|ri referral (Name): _____

(continued on next page)

List Below Your Former Employers – Last One First
(full time, part time, and periods of unemployment for the past seven years)

Name / Address of Present or Last Employer: _____

Start Date (Month/Year): _____ Leaving Date (Month/Year): _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name/Title of Supervisor: _____ Telephone: _____

Description of Work: _____

Reason for Leaving: _____

Name / Address of Previous Employer: _____

Start Date (Month/Year): _____ Leaving Date (Month/Year): _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name/Title of Supervisor: _____ Telephone: _____

Description of Work: _____

Reason for Leaving: _____

Name / Address of Previous Employer: _____

Start Date (Month/Year): _____ Leaving Date (Month/Year): _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name/Title of Supervisor: _____ Telephone: _____

Description of Work: _____

Reason for Leaving: _____

(continued on next page)

PROFESSIONAL / PERSONAL REFERENCES

* List below the names and contacts of 3 people not related to you, whom you have known at least one year.

Name	Address	Phone #	Business	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EDUCATION

What is your highest level of education completed? _____

Do you have a degree? Yes No What was your area of study? _____

GENERAL

Special training, skills, or certifications: _____

Have you received the COVID-19 vaccine? Yes No

I agree to abide by the mask mandate for all employees working in residential settings and while providing direct care in the community such as assisting with hygiene, etc., per CDC, BHDDH, and DOH requirements.

I, the undersigned, certify that the information that I have provided in this application is true and complete. I understand that any false statements or omissions on this application shall be grounds for dismissal. _____ is smoke free according to the RI Gen Law "Public Health and Workplace Safety Act."

Signature: _____

Date: _____



The mission of spurwink|ri is to assist children and adults with disabilities and their families in pursuing social, education, vocational, and other life enhancing opportunities.

What life experience, knowledge, specific skills, or education do you have that would assist spurwink|ri in its mission? Please provide a two-paragraph answer.