

**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)

Duties:

Name of Employer	Type of Business	Lowest Weekly Salary	From (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 \_\_\_\_\_

**STOP! Do not write in the spaces below!**

**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 \_\_\_\_\_

8. Date of Birth _____	9. Your Social Security No. _____	10. Age _____	11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
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13. Spouse's Name _____	14. Spouse's Date of Birth _____	15. Spouses Social Security No. _____	16. YOUR Maiden Name (if applicable) _____
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17. Are you a Veteran? (Including Desert Storm activation) <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Are you a war Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify below the War/Conflict and the dates of service that apply: War/Conflict _____ Service Dates _____	20. Do you have the proper "WORK AUTHORIZATION" documentation to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are you a disabled Veteran? (RIGL-36-4-19) <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_