

**APPLICATION FOR SUMMER EMPLOYMENT (All Positions)**

**City of Central Falls  
State of Rhode Island**

PLEASE CHECK PREFERENCE

-RECREATION \_\_\_\_\_  
-OFFICE CLERK \_\_\_\_\_

PRINT ALL INFORMATION

\*Must be 15 years of age, a student and a Central Falls resident.

|                                  |   |
|----------------------------------|---|
| Name _____                       | S.S. No. _____  |
| Address _____                    | Age _____ Date of birth _____   |
| City _____ State _____ Zip _____ | Home Phone _____ Other _____<br>Dates available for work:<br>From: _____ To: _____  |
| Signature _____ Date _____       | Do you possess a RI operator's license? Yes No<br>Do you have an automobile for daily use? Yes No<br>Are you willing to commute to work? Yes No<br>Are you available to work weekends? Yes No<br>Are you available to work holidays? Yes No |

Have you ever worked for the CITY OF CENTRAL FALLS before? Yes No

If yes, indicate Department and describe in EXPERIENCE SECTION. Department \_\_\_\_\_

If you are 18 years of age or older, have you ever been convicted of an offense, crime or misdemeanor?  
(exclude traffic violations if fines are less than \$25.00) Yes No

If yes, explain fully with dates, location, etc.: **lack of explanation is basis for rejection.**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed or asked to resign from any position? Yes No

If yes, explain fully:

\_\_\_\_\_  
\_\_\_\_\_

Name of school attending now: \_\_\_\_\_

Circle the highest grade you will have completed by June: 7 8 9 10 11 12 GED 13 14 15 16 Tech School  
High School College Other

Name of school attending in September: \_\_\_\_\_ Full time Part time

I hereby authorize the City of Central Falls to obtain information from various criminal information agencies regarding my background. The information provided in this Application for Employment is true, correct and complete. If I am employed, any misstatement or omission of fact on this application may result in my dismissal.

\_\_\_\_\_  
Candidate's Signature Date

**PLEASE COMPLETE OTHER SIDE**

\_\_\_\_\_

**City of Central Falls**

**State of Rhode Island**

Describe below any positions you have held in the recent year, or any other experience which you think may qualify you for summer employment. Include all previous employment with the City of Central Falls. **Begin with your most recent.**

**EXPERIENCE SECTION**

|           |              |       |
|-----------|--------------|-------|
| Employer: | Position:    | From: |
| Address:  | Hourly Wage: | To:   |
| Duties:   |              |       |
| Employer: | Position:    | From: |
| Address:  | Hourly Wage: | To:   |
| Duties:   |              |       |
| Employer: | Position:    | From: |
| Address:  | Hourly Wage: | To:   |
| Duties:   |              |       |

RECREATION POSITION DESIRED (Check one or more)

- |                               |                                      |
|-------------------------------|--------------------------------------|
| BOYS' DIRECTOR_____           | ASSISTANT BOYS' DIRECTOR_____        |
| GIRLS' DIRECTOR_____          | ASSISTANT GIRLS' DIRECTOR_____       |
| ARTS AND CRAFTS DIRECTOR_____ | SECRETARY_____                       |
| PLAYGROUND SUPERVISOR_____    | ASSISTANT PLAYGROUND SUPERVISOR_____ |
| MAINTENANCE WORKER_____       | ANY POSITION_____                    |

SHIRT SIZE (Circle one)    SMALL    MEDIUM    LARGE    EXTRA LARGE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The City of Central Falls is an Equal Opportunity/Affirmative Action Employer**