

The Preservation Society of Newport County

424 Bellevue Ave., Newport, RI 02840

APPLICATION FOR EMPLOYMENT

The Preservation Society of Newport County considers applications for all positions without regard to race, color, religion, gender, age, national origin, disability, sexual orientation, veteran status, or any other classification protected by Federal, state, or local law.

Date o	of Applicatio	៣:					
			Position Appl	ied For:			(1) next to your first e second, and so on
	Tour Guide Maintenance Curatorial Developmen Administrati		ry, Painting)		Groundskeeping / Gardening Caretaking / Housekeeping Security Academics Marketing Special Events Associate Team Leader (Visitor Exp)		eeping
			<u> </u>				\neg
		Last	First	<u></u> -	Middle Initial		
	Number	Street		City	ST ZII	P	
	Home Phone	Cell Phone	Email Add:	Social S	Security Number (Opt	ional)	•
·	ou previously <u>WO</u> If Yes, please		eservation Society?	Society?	- -		(Y/N) (Y/N)
If an offer of employment is made, can you provide required proof of your legal eligibility to work?				ork?	(Y/N)		
If you are under 18 years of age, can you provide legal authorization to work?						(Y/N)	
Were you were referred by a Preservation Society employee? If so, by whom?						(Y/N)	
Have yo	A conviction re	ecord will not necessal	violation other than a rily be a bar to employn a and nature of the viola	ment. Factors s	such as job relatioi		(Y/N)
Date you	u are available to	start work:			_		
Are you	interested in:	Full Time	Part Tin	ne	Seasonal		
Are you	currently on "lay	off" status from and	other job and subject	to recall?			(Y/N)
		•	yment Application plication	-	_	2012	

Employment History

Please provide your full employment record - start with your current or most recent employment: (<u>We will assume we have your permission to contact these firms unless you indicate otherwise</u>.)

NAME AND ADDRESS OF PREVIOUS EMPLOYER	PERIOD OF EMPLOYMENT (MONTH/YEAR)	COMPLETE THE FOLLOWING	REASON FOR LEAVING
COMPANY	FROM	TYPE OF BUSINESS	CENTINO
ADDRESS	то	POSITION	
CITY/ST/ZIP	PHONE	SUPERVISOR	SALARY
COMPANY	FROM	TYPE OF BUSINESS	
ADDRESS	то	POSITION	
CITY/ST/ZIP	PHONE	SUPERVISOR	SALARY
COMPANY	FROM	TYPE OF BUSINESS	
ADDRESS	70	POSITION	
CITY/ST/ZIP	PHONE	SUPERVISOR	SALARY
COMPANY	FROM	TYPE OF BUSINESS	
ADDRESS	το	POSITION	
CITY/ST/ZIP	PHONE	SUPERVISOR	SALARY

Education:					
	NAME/LOCATION	COURSE OF	YEARS	DIPLOMA OR	
нідн	OF SCHOOL	STUDY	COMPLETED	DEGREE RECEIVED	
SCHOOL					
COLLEGE					
VOCATIONAL / TRADE SCHOOL					
GRADUATE STUDIES					
SPECIAL STUDY/ CONCENTRATION					
Additional S	kills / Studies:	· · · · · · · · · · · · · · · · · · ·			
	Please list any skills or training that you feel would better enable you to perform the position for which you are applying:				
<u></u>				******	
Awards / Ho	nors:				
	ist academic honors, extracurricul any which reflects your race, colo				
		. • . • • . • . • . • . • . • . • . • .			

References:

Applicant's Printed Name

Please provide the names and addresses of persons who know you (not relatives), whom we can contact.

Name	Name				
Address	Address				
<u></u>					
Phone	Phone				
Title	Title				
Name	Name				
Address	Address				
Phone	Phone				
Title	Title				
Society to investigate my personal and employment his be limited to verification of all information on my employees. 2. CONSENT TO CONTACT PAST EMPLOYERS	ion of my employment application, I give permission to The Preservation story. I understand that this background investigation will include but not				
permission to all current or previous employers and/or history with The Preservation Society, consent to the re	managers or supervisors to discuss my relevant personal and employment elease of such information orally or in writing, and hereby release them tion or other claims based upon any statements they make to any				
	ive a copy of any written statement provided by any of my former e to indemnify all past employers for any liability they may incur because of				
or local court, or governmental agency concerning or r waive any right under law concerning notification of th provide for prospective employers to have access to in	o receive a copy of any information obtained in the file of any federal, state, elating to me. I further consent to the release of such information and e request for a release of such information. In the event a law does not formation, I hereby delegate The Preservation Society as my agent for the this investigation will be limited as required by applicable law.				
4. <u>COOPERATION WITH INVESTIGATION</u> I agree to fully cooperate in The Preservation Society's background investigation, and to sign any waivers or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.					
Applicant's Signature	Date				

Applicant Statement

In consideration of my employment, if I am employed, I agree to abide by the employment policies of The Preservation Society of Newport County, and I understand that all employment with the Preservation Society is "at will" which means that either the Preservation Society or myself may terminate the employment relationship at any time, , with or without notice.

I understand that no representative of The Preservation Society of Newport County, other than the Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any contrary agreement to the foregoing.

I understand that completion of this Application for Employment does not guarantee that I have been granted employment by the Preservation Society.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by The Preservation Society of Newport County until after my becoming employed, is grounds for, and may result in, my immediate termination.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature:	
Date:	
This application for employment is	
good for one year only.	

Interviewer and Recruiter's Section

Office Use Only

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