



Application for Employment



Carpionato Group is an equal opportunity employer and we always employ qualified individuals based upon job related qualifications regardless of race, religion, color, sex, national origin, disability, or other classification proscribed under applicable federal, state or local law. Any questions, please contact Corporate Office: (401) 273-6800

An Equal Opportunity Employer

Date of Application:

Last Name	First Name	Middle
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Current Address	Number and Street	City	State	Zip	Telephone
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Email Address

Position applying for:	<input type="checkbox"/> Full Time	Will you work Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Part Time	
	<input type="checkbox"/> Temp	
If offered employment, date you would be available to start work:	Desired Salary Rate of Pay:	

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment.
 Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.
 YES
 NO

Are you over 18 years of age? YES NO

EDUCATION

Name and Address of High School		Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rec'd GED <input type="checkbox"/>
Name and Address of College	Course/Major	Year Graduated?	Degree Earned?
Name and Address of Business/Technical/Professional School(s)	Course/Major	Year Graduated?	Degree/Diploma?

Other Skills: List any other job-related skills or qualifications that support your application:

In order to check your work and educational records, should we be made aware of any changes of name or assumed name that you previously used? YES NO

If yes, identify names and relevant dates:

Have you had prior educational experience which relates to the job for which you are applying? YES NO
If yes, describe:

ADDITIONAL ABILITIES AND ACHIEVEMENTS

What office machines/equipment do you operate efficiently?

Are you computer literate? <input type="checkbox"/> YES <input type="checkbox"/> NO	What software?	Typing speed? (only if job related)
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List number and expiration date of any professional occupational license(s) and State issued?

Are you a veteran of the US Military Service? YES NO If yes what branch of service: _____

If yes, beginning date and ending date of active duty: From: _____ To: _____
Yr./Mo Yr./MO

Date & Type of Discharge from Military: _____

EMPLOYMENT HISTORY

List below your last 3 employers, beginning with the most recent.

Employer's Name		Dates of Employment (month & year) From: _____ To: _____	
Employer's Address	Telephone	Supervisor's Name	
Job Title & Duties		Starting Salary	Ending Salary
Reason for Leaving		May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer's Name		Dates of Employment (month & year) From: _____ To: _____	
Employer's Address	Telephone	Supervisor's Name	
Job Title & Duties		Starting Salary	Ending Salary
Reason for Leaving		May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer's Name		Dates of Employment (month & year) From: _____ To: _____	
Employer's Address	Telephone	Supervisor's Name	
Job Title & Duties		Starting Salary	Ending Salary
Reason for Leaving		May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Were you referred for this position? Provide name or company: YES NO

Have you been dismissed or forced to resign from any employment? YES NO

If yes, please explain: _____

Have you ever been disciplined or discharged for violating a safety rule? YES NO

If yes, please explain: _____

Have you ever been disciplined or fired for insubordination? YES NO

If yes, please explain: _____

Do you have transportation to work? YES NO Will you work overtime if asked? YES NO

Are there any hours, shifts or days you will not work? YES NO If yes, explain: _____

Do you have friends or relatives who work for Carpionato Group or any of its affiliates? YES NO

Name & Relationship: _____

Name & Relationship: _____

Are you able to meet the attendance requirements of the position? YES NO

Are you employed? YES NO Are you on a layoff? YES NO Are you subject to recall? YES NO

May we contact your present Employer? YES NO

Please identify reasons for not contacting prior employer: _____

REFERENCES

List three persons not related to you whom you have known at least one year.

Name and Address	Telephone	Occupation
Name and Address	Telephone	Occupation
Name and Address	Telephone	Occupation

Have you filed an application with Carpionato Group or any of its subsidiaries? YES NO
If yes, please give dates:

Have you ever been employed with Carpionato Group or any of its subsidiaries? YES NO
If yes, please give dates:

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:

I hereby affirm that the information provided herein (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or signature omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. I authorize a thorough investigation and agree to cooperate in such investigation of my past employment and activities. I also authorize any testing which may be considered as part of the hiring basis. I understand that if hired, my employment is for no definite period of time and that I may terminate my employment relationship with the company at any time, for any reason and that the company has the same right. I also understand that no management official other than the president or vice president of the company has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment. I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will merely be a gratuitous statement of Carpionato Group current policies. If employment is obtained under this application, I will comply with all rules and regulations of the company. I agree to be responsible for company property and equipment issued to me by the company until returned to the company.

I understand that according to federal law, all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen or, if aliens, their legal authorization to work in the U.S.A. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

Date _____ Applicant's Signature _____
 By checking box applicant agrees to the above stated terms

CONSENT, AUTHORIZATION, RELEASE AND HOLD HARMLESS

I, _____ (name of applicant) of _____ (city) _____ (state), desiring to obtain employment with Carpionato Group, do hereby consent to and authorize this company to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to City, County, State, Federal Law Enforcement Agencies, Educational Institutions, Credit Reporting Agencies, present and/or past residences. I understand that any information obtained might be considered by this company as a factor in decisions they make with respect to the employment for which I am applying. Furthermore, I hereby release and hold harmless Law Enforcement Agencies, Educational Institutions, Credit Reporting Agencies, as well as present and/or past employers that shall provide information to this company, upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

Date _____ Applicant's Signature _____
 By checking box applicant agrees to the above stated terms