



**267 Jenckes Hill Road
Smithfield, RI 02917
Phone 401-725-6400 Fax 401-333-3811**

Today's Date: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone: _____

Have you submitted an application to Generations before? No Yes

Have you ever been employed by Generations? No Yes

Are you currently employed? No Yes
If so, may we inquire of your present employer? No Yes

Primary Language _____ Secondary Language _____

Position Applying for: _____

Preferred Schedule: Days Available (circle) MON TUES WED THURS FRI SAT

Hours Available: _____ Hours Preferred: _____

EDUCATION INFORMATION			
School Name	City/State	Dates Attended	Did You Graduate?

PERSONAL REFERENCES

(List Below 3 Persons not related to you whom you have known at least one year)

Name	Address	Business	Telephone Number	Number of Years Known

FORMER EMPLOYERS

(List below 3 most recent employers, starting with most recent one).

Employer _____ Telephone _____

Address _____

Job Title _____ Dates of Employment _____

May we contact for Reference? Yes No

Employer _____ Telephone _____

Address _____

Job Title _____ Dates of Employment _____

May we contact for Reference? Yes No

Employer _____ Telephone _____

Address _____

Job Title _____ Dates of Employment _____

May we contact for Reference? Yes No

Generations Comprehensive Health & Rehabilitative Services is an equal opportunity employer that complies with all applicable federal, state and local laws, rules and regulations. Generations does not unlawfully discriminate in hiring and other employment practices on the basis of race, color, creed, national origin, sex, sexual orientation, age, physical or mental handicap, or degree of handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed by Generations Comprehensive Health & Rehabilitative Services, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and all references you obtain. I authorize employers listed above to send to you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise. I release Generations from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of Generations has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Generations representative.

Signature: _____ Date: _____