

For Office Use Only

(CS-14A DEM; REV. 12/13)

R N Position Recommended _____
 Division Location Acct. No. Pos. No. Dates ID # Park Access Code

--	--	--	--	--	--	--

Assignments are made by: Office of Human Resources/Seasonal Employment Program
Department of Environmental Management
 235 Promenade Street, Room 350, Providence, RI 02908
 TELEPHONE: 401-222-2775
 TDD#: 711 FACSIMILE: 401-222-6174
 Website: www.dem.ri.gov

Application for Seasonal Employment
2014
 Summer Season

READ THESE INSTRUCTIONS: This application is for temporary, short term, seasonal positions with the Department of Environmental Management. This application may be completed by the person applying for summer employment or by his/her guardian. Read each question carefully and give the information requested. Our office is available to help you with any questions you may have. ALL INFORMATION REQUESTED ON THE APPLICATION FORM MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED BY OUR PERSONNEL OFFICE TO DETERMINE YOUR QUALIFICATIONS FOR A SUMMER JOB. IF AN ITEM DOES NOT APPLY TO YOU OR IF THERE IS NO INFORMATION TO BE GIVEN, WRITE IN THE LETTERS "N.A." FOR "NOT APPLICABLE". IF YOU FAIL TO ANSWER ALL OF THE QUESTIONS ON THE APPLICATION FORM, YOU MAY DELAY CONSIDERATION OF YOUR APPLICATION AND LOSE CONSIDERATION FOR EMPLOYMENT. In completing the application form, use a typewriter if available. Otherwise print clearly in dark ink or ballpoint pen. If you are selected for work in this department, you will be so notified. All selected candidates must be prepared to show proof of citizenship as required by federal law. Applications must be returned as soon as possible. **You must be age 16 or older to apply.**

In accordance with US Department of Justice Immigration and Naturalization Service requirements for Employment Eligibility Verification (I-9), all individuals eligible to work in the United States must present genuine documents demonstrating their eligibility at the time of hire. A list of acceptable documents is available upon request.

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).

TO BE COMPLETED BY APPLICANT

NAME _____ <small>LAST FIRST MIDDLE</small>	HOME PHONE NO. _____
ADDRESS _____ <small>NUMBER STREET</small>	SUMMER PHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____	AGE _____ Email Address _____
<u>SUMMER ADDRESS:</u> _____ <small>(STREET & NUMBER)</small>	DATES YOU WILL BE AVAILABLE FOR WORK: FROM: _____ TO: _____
_____ CITY, STATE AND ZIP CODE	Do you possess a RI. Operator's License? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have an automobile available for Daily Use? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you willing to commute to within 20 miles of your residence? YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST 1ST 3 JOB CHOICES: 1. _____ 2. _____ 3. _____	
Special Qualifications Skills (Languages, Office, Typing, Carpentry, Medical Skills, etc.):	Special License or Certificate (Lifeguard Certification No. etc.):
If you are ONLY interested in employment in a particular geographic area, indicate city/town etc. please indicate here:	
If you are NOT interested in employment in a particular area, indicate city/town etc. please indicate here:	
Are you available to work weekends and holidays? YES <input type="checkbox"/> NO <input type="checkbox"/>	What is your earliest start date?
Are you available to work 2ND SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/>	3RD SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you worked in the State Summer Program before? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, indicate Department and Division here <u>and</u> describe in Experience Section	

Circle the highest grade you will have completed by June: 7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20
High School College MA / PhD

EDUCATION	SCHOOLS ATTENDED OR SPECIAL TRAINING RECEIVED				
School Name and Location	From Mo/Yr /To Mo/Yr	Graduate?	Type of Degree or Diploma	Major Subject(s)	Total Credit Hours
High School: _____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____
College/Univ.: _____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____
Other Schools/Training: _____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____

EXPERIENCE: DESCRIBE BELOW ANY POSITIONS YOU HAVE HELD IN THE RECENT PAST, OR ANY OTHER EXPERIENCE WHICH YOU THINK MAY QUALIFY YOU FOR A POSITION. INCLUDE ALL PREVIOUS EMPLOYMENT WITH THE STATE OF RHODE ISLAND. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT.

NAME OF EMPLOYER	TITLE OF YOUR POSITION	FROM: (DATE)
------------------	------------------------	--------------

ADDRESS	EMPLOYER TEL. NO.	HOURLY WAGE	TO: (DATE)
---------	-------------------	-------------	------------

DUTIES

NAME OF EMPLOYER	TITLE OF YOUR POSITION	FROM: (DATE)
------------------	------------------------	--------------

ADDRESS	EMPLOYER TEL. NO.	HOURLY WAGE	TO: (DATE)
---------	-------------------	-------------	------------

DUTIES

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION: This program is attempting to monitor recruitment and selection in order to assure equal employment opportunity. We would appreciate your cooperating by voluntarily furnishing us with the information requested below. The information will be kept confidential and used only for affirmative action purposes.

- Male Black American Indian Other Disabled Veteran: Disabled
 Female White Asian American Hispanic Age: 40 & Over Vietnam

CERTIFICATE OF APPLICANT:

PARENTAL CONSENT (If Under Age 18)

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment or other favorable action made in connection therewith.

My son/daughter has my permission to seek employment with the Summer Program.

Signature as it appears on front of application _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

NOTICE TO ALL APPLICANTS: THE NUMBER OF SUMMER JOBS AVAILABLE IS RELATIVELY SMALL IN COMPARISON TO THE LARGE NUMBER OF APPLICANTS WHO FILE FOR SUMMER EMPLOYMENT CONSIDERATION. ONLY A PERCENTAGE OF APPLICANTS ARE HIRED. THEREFORE, YOU SHOULD NOT LIMIT YOUR EFFORTS TO OBTAIN SUMMER WORK SOLELY WITH THE DEPARTMENT OF ADMINISTRATION.

*****STOP!! DO NOT WRITE IN THE SPACE BELOW!!*****

IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT INFORMATION BELOW MUST BE COMPLETED.

If you have a Disability and require an accommodation, please complete RI EOO - 5/90A (Self-Identification form) available from RI Equal Opportunity Office or the Division of Human Resources. If candidate is hired, all post-employment information below must be completed. You must also attach the Criminal Record Supplemental Questionnaire (CS-14B) to this application.

Your Social Security Number: - - DATE OF BIRTH: - -

Do you have the proper "WORK AUTHORIZATION" documentation to work in the U.S.? YES NO

Sex: Male Female *Marital Status:* Single Married Separated Divorced Widowed

YOUR Maiden name, if applicable: _____ Spouse's Name: _____

Spouse's Date of Birth: - - Spouse's Social Security #: - -

Are you a Veteran (Including Desert Storm Activation)? YES NO Are you a War Veteran? YES NO

Are you a Disabled Veteran? YES (RIGL 36-4-19) NO If yes, identify the War / Conflict and the dates of service that apply:

War / Conflict _____ Service Dates _____

I hereby certify to the truth of all statements made in this application and agree that any false or misleading statements shall render null and void this application and any approval, appointment, or other favorable action made in connection therewith.

SIGNATURE

DATE