

New England RMS, Inc.



Employment Application

Please complete all sections of the application. You may attach additional information or a resume. Please exclude any references to your age, date of birth, race, color, sex, sexual preference, national origin, ancestry, disability, military status and political or religious affiliations. ***Your signature on the last page is required.*** Applicants under 18 must provide a copy of their work permit. Applicants for direct-care positions must be 18 years of age or older. RMS abides by Rhode Island Workers Compensation laws, Title 28, Chapters 29-38 and by the Public Health & Safety Workplace Act that prohibits smoking in the workplace.

PERSONAL INFORMATION

Name: _____ SS#: _____
 Last First MI

Address: _____
 Street City State Zip

Phone: _____ / _____ E-mail: _____
 Home Other

Position desired: _____ Full-Time _____ Part-time _____

Days/Hours available: _____

Are you authorized to work in the U.S.? _____ Previously employed by RMS? _____

Have you lived in the state of Rhode Island for the past 5 consecutive years? _____ If no, please list location of all residences over the past 5 years:

How did you hear about RMS? _____

List any friends or relatives working for RMS: _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodations? _____ Describe any accommodation(s) required:

EDUCATION

	Name/Location	# Years Attended	Did you graduate?	Subjects/Major	Degree or certificate received	G.P.A.
High School						
College						
Additional College or Graduate School						
Technical School						

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Additional education, training, skills, certificates or licenses that may apply to the position of interest:

EMPLOYMENT HISTORY

Beginning with the most recent, list all employers from the past 10 years. Do not leave out any employers. Include relevant volunteer experience. Attach additional information if necessary. A resume cannot be substituted for a completed application.

From (mo/yr) _____ to (mo/yr) _____ Title: _____ Type of Business: _____

Company: _____ Address: _____

Starting rate of pay: _____ Ending rate of pay: _____

Supervisor/Title: _____ Phone: _____

May we contact: _____ Reason for leaving: _____

Describe job duties: _____

From (mo/yr) _____ to (mo/yr) _____ Title: _____ Type of Business: _____

Company: _____ Address: _____

Starting rate of pay: _____ Ending rate of pay: _____

Supervisor/Title: _____ Phone: _____

May we contact: _____ Reason for leaving: _____

Describe job duties: _____

From (mo/yr) _____ to (mo/yr) _____ Title: _____ Type of Business: _____

Company: _____ Address: _____

Starting rate of pay: _____ Ending rate of pay: _____

Supervisor/Title: _____ Phone: _____

May we contact: _____ Reason for leaving: _____

Describe job duties: _____

From (mo/yr) _____ to (mo/yr) _____ Title: _____ Type of Business: _____

Company: _____ Address: _____

Starting rate of pay: _____ Ending rate of pay: _____

Supervisor/Title: _____ Phone: _____

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May we contact: _____ Reason for leaving: _____

Describe job duties: _____

REFERENCES

Please provide 3 business references

Name	Address	Phone	Years Known	Company/Title
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SUPPLEMENTAL INFORMATION

Unless instructed otherwise, please provide the following information:

1. Do you have a valid driver's license? _____ State/Number: _____

2. List all auto accidents and moving violations from the past 3 years:

Date	Location	Description
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3. Have you ever been convicted of or pled no contest to a felony? (NOTE: An affirmative answer will not automatically disqualify you as a candidate for employment): _____

If yes, please explain: _____

Please read this statement carefully before signing. I hereby certify that all of my responses on this application, as well as all information provided in any accompanying resume or other attachment are complete and true. I submit that I have not knowingly withheld any facts or circumstances requested in this application and agree that any statement found to be false or misleading is reasonable cause for termination.

I further agree that any employment offered as a result of this application, if accepted by me, is for an unspecified length of time, and may be terminated at any time, for any reason not prohibited by law, with or without notice and with or without cause, either by me or by this company.

This company is an equal opportunity employer, and will consider your application without regard to race, color, sex, sexual preference, national origin, ancestry, religion, age, disability or military status.

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This application is current for sixty (60) days. At the conclusion of this time, if I have not heard from RMS and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I authorize RMS the right to contact and obtain information from all references, former employers, educational institutions and others provided on this application and release RMS and all other persons, corporations and organizations that furnish such information from liability for seeking, gathering and using such information.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature: _____ Date: _____

Authorization for Release and Use of Consumer Reports

RHODE ISLAND LAW REQUIRES PROSPECTIVE EMPLOYEES OBTAIN A NATIONWIDE CRIMINAL RECORDS CHECK INCLUDING THE TAKING OF FINGERPRINTS.

In addition to the criminal records check I understand that as a part of the Company’s procedure for processing employment applications and for other employment purposes, including promotion, transfer or retention during the term of my employment, the company may obtain a motor vehicle records check and/or other consumer reports. The Company typically only requests consumer reports which provide information regarding criminal records and motor vehicle records, however, it may also request a consumer report that includes information regarding your credit, character, general reputation, personal characteristics, and mode of living.

I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to the Company without my specific prior consent releasing such information, which is in addition to my general authorization, below.

I hereby authorize the Company to request a report from the Rhode Island Bureau of Criminal Identification and Investigation, the Rhode Island Bureau of Motor Vehicles, and other Consumer Reporting Agencies to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future.

I hereby authorize and request that any present or former employer, school, police department, financial institution or other person having information or knowledge about me, furnish such information to the bearer of this authorization in connection with an application for employment.

I agree to release and discharge the company, its employees, officers, agents, affiliates and shareholders, from any and all claims, rights of action or liability of any kind or nature that could result from the Company’s use of or reliance upon the information contained in such consumer report(s).

Date: _____ **Name (please print):** _____

Signature: _____