



# West Bay Residential Services, Inc.

158 Knight Street, Warwick, RI 02886

Tel: (401)738-9300

"People Supporting People"

Office Use Only

BCI

Reference

Driver's History

## Employment Application

### Applicant Information

Name:			Social Security No.:		
<i>Last</i>		<i>First</i>		<i>M.I.</i>	
Address:					
<i>Street Address</i>			<i>City</i>		<i>State</i>
			<i>Zip Code</i>		
Telephone: ( )			Cell Phone: ( )		

Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a high school diploma or a GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been driving for at least two years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Referral Source

Employee Referral \_\_\_\_\_
  Friend/Family \_\_\_\_\_
  Newspaper \_\_\_\_\_

School/College \_\_\_\_\_
  Website \_\_\_\_\_
  Other \_\_\_\_\_

Position Applying For:	Date Available:
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Type of employment desired: Full-Time  Part-Time  Relief/Subbing  Any

Type of shifts desired: First  Second  Third  Any

Can you assist someone from wheelchair into an alternate position? Yes  No

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever applied/ interviewed with this agency before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
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Have you ever worked for this agency before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
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### Education

Institution	Name & Location of School	Yrs. Attended	Graduated	Degree/GPA
High School				
College				
College				
Other Training/ Certificates				

### Volunteer Experience

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## Employment History

Company: Phone: ( )

Address: Supervisor:

Job Title: Date From: Date To:

Responsibilities:

Reason for Leaving:

May we contact your previous supervisor for a reference? YES  NO

Company: Phone: ( )

Address: Supervisor:

Job Title: Date From: Date To:

Responsibilities:

Reason for Leaving:

May we contact your previous supervisor for a reference? YES  NO

Company: Phone: ( )

Address: Supervisor:

Job Title: Date From: Date To:

Responsibilities:

Reason for Leaving:

May we contact your previous supervisor for a reference? YES  NO

## Professional References

Name	Company & Title	Business Phone	Yrs. Acquainted
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1.

2.

**Rhode Island law requires the following disclosure:** Have you ever been convicted for any State or Federal Crime as defined by RI Criminal Code or the Federal Code? (Please answer **yes** or **no**)  YES  NO

I disclose that I have been convicted of the following crime(s):

Charges	Date of Conviction	Sentence Imposed
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## Disclaimer and Signature

I understand that falsification of information contained herein can result in termination of employment at any time after hiring.

Applicant Signature:

Date:

Print Legal Name: