



UNIVERSITY OF RHODE ISLAND
OFFICE OF HUMAN RESOURCE ADMINISTRATION

NONCLASSIFIED APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Position Applied For _____

Referral Source:
URI Employee _____
Advertisement _____
Other _____

- 1. Print Full Name _____
- 2. Print Actual Address (Street and Number, City, State, and Zip Code) _____
- 3. Mailing Address (if different) _____
- 4. Telephone Number _____

EDUCATION

Name/Address of High School Attended _____ Graduation Date _____

Post Secondary (College, Business School, Trade School):

Name of School	Dates Attended FROM TO	Major/Concentration	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses/Certificates _____

5. Have you ever been convicted for any offense? YES NO (Conviction is not an automatic bar to employment. Each case is considered on its individual merits.) Below indicates felony or misdemeanor, give date and location. Lack of explanation is a basis for rejection of your application.

6. Have you ever worked for the State of Rhode Island before?
 YES NO

7. Have you ever been dismissed from any position? If yes, give details on an attached sheet. YES NO

8. Do you have a valid Rhode Island driver's license? YES NO

WORK EXPERIENCE

A resume may be substituted. Please attach to the back of this form.

9. Describe below all the positions you have held for the past ten years. In addition, describe any other experience which you think may qualify you for this job. Begin with your present or most recent employment.

Name of Employer	Type of Business	Lowest Salary	From (Date)
Address of Employer	Title of Position	Highest Salary	To (Date)
Duties:			

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Address of Employer	Title of Position	Highest Salary	To (Date)
Duties:			

I certify that there are no willful misrepresentations and/or falsifications of the above statements and answers to questions. I understand that should an investigation disclose misrepresentations and/or falsifications, my application may be rejected, and, should I be employed, my service may be terminated.

DATE

SIGNATURE

SPACE BELOW TO BE COMPLETED BY CANDIDATE IF HIRED

10. Social Security Number _____ - _____ - _____ 11. Date of Birth _____
12. Age _____ 13. Sex Male Female 14. Marital Status Married Single Divorced Separated Widowed
15. Maiden Name (if applicable) _____
16. Spouse's Name _____ 17. Spouse's Date of Birth _____
18. Spouse's SS No. _____ - _____ - _____
19. Are you a U.S. citizen? 20. Are you physically handicapped? (If YES, give details on an attached sheet)
 YES NO YES NO
21. Are you a veteran? 22. Are you a war veteran? If YES, identify the war/conflict and dates of service that apply.
 YES NO YES NO
23. Are you a disabled veteran?
 YES NO

War/Conflict

Service Dates

SIGNATURE

DATE

APPROVED BY VICE PRESIDENT/PROVOST

DATE

APPROVED BY OFFICE OF HUMAN RESOURCE ADMINISTRATION

DATE