

APPLICATION FOR EMPLOYMENT

Please fill out this form and mail to:

SCCA
(401) 789-3016
1080 Kingstown Road
Wakefield, RI 02879

Or fax to:
(401) 515-0035

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Last Name	First Name	Middle Name
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Social Security Number	Position Desired
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Street Address	Home
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City, State, Zip	Business Phone
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Have you ever been convicted of any crime? Yes ___ No ___ Reason _____

Have you ever applied for employment here? Yes ___ No ___ If yes: Month/Year _____

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	GRADUATE YES__ NO__	DEGREE OR DIPLOMA
COLLEGE				
HIGH SCHOOL				
ELEMENTARY				
OTHER				

List memberships in professional or civic organizations.
(exclude those which may disclose your race, color, religion or national origin)

Referred by:

Internal Use Only		
Manager Review	Date	Interview Date

