

TOWN OF WARREN PARKS & RECREATION DEPARTMENT

790 Main Street Warren RI 02885 Phone 401-824-4623

	DATE	
NAME		
		SECURITY #
CELL PHONE #	<u>EM</u>	AIL ADDRESS
	SITION: PARK SUPEI EACH ATTENDANT	RVISOR LIFEGUARD
DUCATION: LO	CATION YEARS ATTENDED	O GRADUATION YEAR SUBJECT STUDIED
IIGH SCHOOL		
COLLEGE		
REDCROSS/CPR CERT	NEED WES NO	
REFERENCES: pleas	se list at least 3 references $ \overline{D}$	O NOT INCLUDE FAMILY MEMBERS
NIAME	TITLE:	NUMBER/EMAIL ADDRESS:
NAME:		
1.		
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	CRIBE ANY EXPERIENCE OR QUALIFICATIONS YOU MAY HAVE FOR THE DU ARE APPLYING FOR.
**PLEASE NO	OTE:
	R THE SUMMER PROGRAM, I WILL BE AVAILABLE TO WORK FOR THE E WEEKS THAT THE PROGRAM IN IN SESSION.
LICENSE	BACKGROUND CHECK
AUTHORIZA'	ΓΙΟΝ:
employed; falsific contained herein a employment and for any damage th company has any agreement contrain does not permit the	acts contained in this application are true and complete to the best of my knowledge and understand that, if ad statements on this application shall be grounds for dismissal. I authorize investigation of all statements and the references and employers listed above to give you any and all information concerning my previous any pertinent information they may have, personal or otherwise, and release the company from all liability nat may result from utilization of such information. I also understand and agree that no representative of the authority to enter into any agreement for employment for any specified period of time, or to make any ry to the foregoing, unless it is in writing and signed by an authorized company representative. This waive he release of use of disability-related or medical information in a manner prohibited by the Americans with ADA) and other relevant federal and state laws.
SIGNATURE_	DATE
RETURN TO:	
	TOWN CLERK'S OFFICE TOWN OF WARREN
	514 MAIN STREET, WARREN RI 02885