



# The Segue Institute for Learning

Where **ALL** Students are "AT PROMISE!"

325 Cowden Street – Central Falls, RI 02863 – (401) 721-0964 (phone) – (401) 721-0968 (fax) – SegueIFL.org (website)

## Employment Application

Applicant Information											
Full Name:								Date:			
<i>Last</i>					<i>First</i>			<i>M.I.</i>			
Address:											
<i>Street Address</i>					<i>Apartment/Unit #</i>						
<i>City</i>					<i>State</i>			<i>ZIP Code</i>			
Phone:		(    )			E-mail Address:						
Date Available:					Social Security No.:					Desired Salary: \$	
Position Applied for:											
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"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:											

Education										
High School:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References									
<i>Please list three professional references.</i>									
Full Name:					Relationship:				
Company:					Phone: (    )				
Address:									
Full Name:					Relationship:				
Company:					Phone: (    )				
Address:									
Full Name:					Relationship:				
Company:					Phone: (    )				

Address:					
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**Previous Employment**

Company:				Phone:	(    )
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Address:				Supervisor:	
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Job Title:			Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:				Phone:	(    )
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Address:				Supervisor:	
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Job Title:			Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:				Phone:	(    )
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Address:				Supervisor:	
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Job Title:			Starting Salary:	\$	Ending Salary:	\$
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Responsibilities:					
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company:				Phone:	(    )
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**Military Service**

Branch:				From:		To:	
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Rank at Discharge:			Type of Discharge:			
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If other than honorable, explain:					
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**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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*The Segue Institute for Learning is an Equal Opportunity Employer. The Segue Institute for Learning does not discriminate on the basis of race, age, sex, religion, sexual orientation, gender identity or expression, national origin, color, disability or veteran status.*

Signature:				Date:	
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