



# Bishop McVinney School

155 Gordon Avenue  
Providence, RI 02905  
Ph (401) 781-2370 | Fax (401) 785-2618  
www.bmv-school.org



## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Education

Type of School	Name of School	Date of Completion	Major/Degree
High School			
College			
Other Specialization			

## Previous Employment

Employer name and Phone: _____ _____	Job title, skills, duties:	Dates of Employment:
	Supervisor:	Reason for leaving:
Employer name and Phone: _____ _____	Job title, skills, duties:	Dates of Employment:
	Supervisor:	Reason for leaving:
Employer name and Phone: _____ _____	Job title, skills, duties:	Dates of Employment:
	Supervisor:	Reason for leaving:

## References

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_