## TOWN OF HOPKINTON

## APPLICATION FOR NON-SALARIED POSITION

Date:						
Name of	Applicant:					
Address	of Applicant:					
Street		C	City		State	Zip
Position	applying for:	,		<u> </u>		
Commen	ts:					
Referenc	es:		_			
Signature	of Applicant					
EXECUT TO HOI BELOW	NOTE: THE TOWN COTVE SESSION. HOWEVER, DYOUR INTERVIEW IN IF YOU WISH TO EXERCIN OPEN SESSION.	, YOU HAVE THE R PUBLIC IN OPEN	IGHT TO REC N SESSION. P	QUEST THE PLEASE CH	TOWN ECK	N COUNCIL THE AREA
	I wish to have my interview ho	eld in open session.				
	For Office Use Only:					
	Registered Voter					
	Required by Article 1231 of the Tov	wn Charter of the Town of I	Hopkinton, as amend	ded.		

## Town of Hopkinton One Town House Road

One Town House Road Hopkinton, Rhode Island 02833

Name:	
Name: (Print or Type)	
Maiden Name:	
DOB:	
DISCLAIMER	
Identification of the Department of the Attor available to the Town of Hopkinton, Town Cl Criminal Identification has on file in reference I hereby waive and release any and all me every kind, nature and description, arising therefrom, whatsoever against the State of R	hereby direct and authorize the Bureau of Criminal ney General for the State of Rhode Island to make erk's Office, any criminal record that the Bureau of e to me.  anner of actions, cause of actions, and demands of from any release of criminal records and requests hode Island, Bureau of Criminal Identification, the mey General's Office in both law and equity which
	Signature of Applicant
STATE OF RHODE ISLAND ) ) ss. COUNTY OF WASHINGTON )	
,	
In, on th	eday of 20,
to be the party executing the foregoing instrur him/her so executed to be his/her free act and	eday of
	Notary Public
	My Commission Expires:

NOTE: COPY OF PHOTO IDENTIFICATION WITH DATE OF BIRTH MUST ACCOMPANY THIS DISCLAIMER.