

POSITION AVAILABLE FORM

1. Individual submitting Classified: _____

2. Phone Number: (_____) _____

3. Municipality: _____

4. Job Title of Position being filled: _____

5. Brief Description of position (150 words or less):

6. Salary Range/Hourly Rate of pay: _____

7. Application Closing Date: _____

8. Mail Resume to: _____

9. E-mail resume to: _____

10. For more information contact: _____

**Fax or e-mail this form to Denise Arrighi at 401-421-0824 or
denise@rileague.org**