

SEEKING EMPLOYMENT FORM

1. Individual's Name: _____

2. Phone Number: _____

3. Address: _____

5. E-mail: _____

6. Position Sought (50 words or less):

7. Describe Your Qualifications and Experience (150 words or less):

8. Salary Requirements: _____

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

Please Note: Ads will not be posted until receipt of the \$55 fee. Please make checks payable to:

**Rhode Island League of Cities and Towns
One State Street, Suite 502
Providence, R.I. 02908**