

CITY OF PROVIDENCE DEPARTMENT OF HUMAN RESOURCES



APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last, First, Middle)			
Address (Street)			
Address (City, State, Zip Code)			
Home Telephone			Mobile Telephone

Position Applying For:			
Have you filed an application with the City of Providence previously?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	Date:
Have you ever worked for the City of Providence or any of its agencies boards or commissions?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	Date:
Are you currently receiving, or will become eligible in the future to receive a pension from either the City of Providence or the Providence School Department?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	Date:
If yes, are you willing to waive your right to receive such pension or part of such pension during this new employment with the City of Providence? (Section 17-8, Code of Ordinances)	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Are you over 18 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date of availability:		
Are you currently under contract with another employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, expiration date?
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you legally eligible for employment in the USA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If offered a position, the Immigration Reform and Control Act of 1986 requires you to furnish proof of your Employment Eligibility and your identity.

List all languages in which you are fluent		
Have you ever been dismissed; or asked to resign, from any position?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, fully explain :

Professional Organizations/Licenses

List any job-related organizations of which you are a member and/or list any and all professional licenses you may hold along with license number and expiration date.	

Military Service Record

Have you ever served in the U.S. Armed Forces?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dates of duty:	From (month)	(year)	To (month) (year)
Branch of service:			
Applicable skills acquired?			

Professional References

Name/Title	Company	Address/Phone #

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES **NO**

Work History

1	Employer		From date	To Date
	Phone #		Salary	
	Street Address		Duties performed:	
	City State, Zip Code			
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
2	Employer		From date	To Date
	Phone #		Salary	
	Street Address		Duties performed:	
	City State, Zip Code			
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
3	Employer		From date	To Date
	Phone #		Salary	
	Street Address		Duties performed:	
	City State, Zip Code			
	Job Title			
	Supervisor's Name			
	Reason for Leaving			

EDUCATION AND PROFESSIONAL TRAINING

NAME OF INSTITUTION AND LOCATION	DIPLOMA	DEGREE	MAJOR	MINOR

APPLICANTS AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the CITY OF PROVIDENCE, I hereby authorize past employers and educational institutions to release information about my work history and education to determine my qualifications for this position.

You may release or verify the following items:

All Information	YES <input type="checkbox"/> NO <input type="checkbox"/>
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OR

Past Employers:

Salary History	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Positions Held	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Attendance Records	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Dates of employment	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Duties and responsibilities	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Reason(s) for leaving/Eligibility for Re-hire	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Educational Institutions:

Number of years attended	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Degree obtained	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Applicants Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The CITY OF PROVIDENCE is hereby authorized to make any investigations of my prior education or work history as indicated above.

This application will be kept in the active files for a period of 1 year. If the applicant is not hired during that period, the applicant must complete and execute a new application to be considered for employment. All correspondence or telephone calls concerning application or positions available should be directed to the CITY OF PROVIDENCE, Department of Human Resources, City Hall, 25 Dorrance Street, Providence RI 02903. Telephone (401) 421-7740 x 240.

www.providenceri.com/hr.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

All positions will be filled without regard to race, color, religion, national origin, sex, age, veteran status, disability, or sexual orientation. In addition, all employees are subject to the provisions of the Workers' Compensation Act.

Applicant Signature	Date
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