Department of Human Resources
Internal Bid Form

Instructions – PLEASE REVIEW JOB DESCRPTION _BEFORE_ completing this form. You must demonstrate that you meet all of the minimum qualifications. List all work experience, licenses & certifications which qualify you for the position.

ONLY the information you include with this form will be considered.

Position Applying For:	Posting number:
Name (last, first, middle)	
Address (street and Apt #)	
Address (city, state, zip code)	
Home Phone:	Cell Phone:
E-mail Address:	

Employment History

List **all** employment. Start with your CURRENT job.

Department:_____ Division:_____
Job Title:_____ From:_____ To:_____
Supervisor's name & title:_____Supervisor's Phone:_____
Duties Performed:

Department:_____ Division:_____
Job Title:_____ From:_____ To:_____
Supervisor's name & title:_____Supervisor's Phone:_____
Duties Performed:

Department:_____ Division:_____
Job Title:_____ From:_____ To:_____
Supervisor's name & title:_____Supervisor's Phone:_____
Duties Performed:

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Education and Training

Name of School and Location	Diploma or Certificate	Degree	Major	Minor
List all languages that you speak:				

Licenses – list **all** valid licenses & CDL Endorsements.

	Y/N	State	Expires On
Driver License			
Commercial Driver License – Class A			
Commercial Driver License – Class B			
Commercial Driver License – Class C			
Hoisting Engineer – Hydraulic Crane			
Hoisting Engineer – Payloader/Backhoe			
Hoisting Engineer (other)			

Typing Skills

Typing proficiency of 42 wpm or more.	
Typing proficiency of 60 wpm or more.	
Other (please indicate wpm)	

Professional Organizations and Certifications

List any job-related organizations of which you are a member and list any professional certifications you possess.

Applicant's Certification of Agreement

I agree that the information in this application is true and complete to the best of my knowledge. The City of Providence is hereby authorized to investigate my prior education and work history as indicated above.

THE CITY OF PROVIDENCE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

_____   _____

Applicant Signature   **Date**

Do not write below this line. Department of Human Resources Use Only

Date Received: _____

Department Hire Date: _____

City Hire Date: _____

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