

**CITY OF PROVIDENCE
DEPARTMENT OF HUMAN RESOURCES**



APPLICATION FOR EMPLOYMENT

Position Title (Required): _____

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

Have you ever worked for the City of Providence or any of its agencies boards or commissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates:	Department(s):
Are you currently receiving, or will you become eligible to receive a pension from either the <i>City of Providence</i> or the <i>Providence School Department</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Type: City of Providence Providence School Teacher
If you answered yes above, are you willing to waive your right to receive such pension or part of such pension during this new employment with the City (Providence Code of Ordinances 17-8)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of availability:		
Are you currently under contract with another employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates of duty:	From (month)	(year)	To (month) (year)
Branch of service:			
Applicable skills acquired?			

Professional References

Name/Title	Company	Address/Phone #

Work History

You may attach a resume to supplement the information herein this application.

1	Employer		From date	To Date
	Phone #		Salary	
	Street Address		Duties Performed:	
	City State, Zip Code			
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
May we contact this employer to gather information? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2	Employer		From date	To Date
	Phone #		Salary	
	Street Address		Duties performed:	
	City State, Zip Code			
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
May we contact this employer to gather information? <input type="checkbox"/> YES <input type="checkbox"/> NO				

3	Employer		From date	To Date
	Phone #		Salary	
	Street Address		Duties performed:	
	City State, Zip Code			
	Job Title			
	Supervisor's Name			
	Reason for Leaving			
May we contact this employer to gather information? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Education and Professional Training

NAME OF INSTITUTION AND LOCATION	DIPLOMA	DEGREE	MAJOR	MINOR

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete. I understand that false statements on this application shall be considered sufficient cause for disqualification or, if employed by the City, dismissal. 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 allow the CITY OF PROVIDENCE to determine my qualifications for the position to which I've applied.

PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

THE CITY OF PROVIDENCE IS AN EQUAL OPPORTUNITY EMPLOYER