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**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?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, dates:	Department(s):
Are you currently receiving, or will you become eligible to receive a pension from the City of Providence Retirement Plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Are you receiving or will you become eligible to receive a pension from the City of Providence Teachers and Certified Administrators Retirement System?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
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)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you 18 years of age or older?	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"/>	<i>If offered a position, the Immigration Reform and Control act of 1986 requires you to furnish proof of your Employment Eligibility and your identity.</i>	
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	

Licenses - If you are applying for a position that requires a license (i.e. driver's license, commercial driver's license, hoisting engineer, arborist, etc.) you **must** list the type, license number, state of issuance and expiration date.

Type	License#	State	Exp. Date

Military Service Record

Have you ever served in the U.S. Armed Forces? **YES** **NO**

Dates of duty: **From** (Month) (Year) **To** (Month) (Year)

Branch of service:

Applicable skills required?

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

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

Duties Performed :

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

Duties Performed :

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

Duties Performed :

Educational and Professional Training				
Name of Institution Location	Diploma	Degree	Major	Minor

Professional References		
Name/Title	Company	Address/Phone#

Professional Organizations - List below any job related or professional organizations of which you are a member.

Applicant’s Certification Agreement

I certify that the facts set forth in this Application for Employment are true and complete. I understand that the false statements on this application shall be considered sufficient cause for disqualification or, if employed by the City, dismissal. As an application 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.

All correspondence or telephone calls concerning applications or positions available should be directed to the CITY OF PROVIDENCE, 25 Dorrance Street, Providence, RI 02903, telephone (401) 421-7740 x 5240.

www.providenceri.gov/hr.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

THE CITY OF PROVIDENCE IS AN EQUAL OPPORTUNITY EMPLOYER