

Please download this application to your computer, fill it out using  
Adobe Reader, save it and then email it to: [unionjobs@providenceri.gov](mailto:unionjobs@providenceri.gov)

# Department of Human Resources

## Internal Bid Form



**Instructions – PLEASE REVIEW JOB DESCRIPTION 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: _____ <b>Duties Performed:</b>  
Department: _____ Division: _____ Job Title: _____ From: _____ To: _____ Supervisor's name & title: _____ Supervisor's Phone: _____ <b>Duties Performed:</b>  
Department: _____ Division: _____ Job Title: _____ From: _____ To: _____ Supervisor's name & title: _____ Supervisor's Phone: _____ <b>Duties Performed:</b>  

## Education and Training

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

### 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**

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**Date Received:** \_\_\_\_\_

**Department Hire Date:** \_\_\_\_\_

**City Hire Date:** \_\_\_\_\_