

# CITY OF WARWICK APPLICATION FOR EMPLOYMENT

**PERSONNEL DEPARTMENT  
3275 POST ROAD  
WARWICK, RI 02886**



**TEL: (401) 738-2011  
FAX: (401) 732-7636**

Name (First, Middle Initial, Last)			
Address (Street)			
Address (City, State, Zip Code)			
Home Telephone:		Mobile Telephone:	
Email Address:			
<b>Vacancy # and Position for which you are applying. (Required or your application will not be accepted.)</b>			
Have you ever worked for the City of Warwick or any of its agencies, boards or commissions?	<b>Y   N</b>	If yes, dates:	Department(s):
Are you currently receiving, or will you become eligible to receive a pension from the City of Warwick?	<b>Y   N</b>	If yes, when?	
Are you currently receiving or will you become eligible to receive a pension from the City of Warwick School Department?	<b>Y   N</b>	If yes, when?	
Are you 18 years of age or older?	<b>Y   N</b>	Date of Availability:	
Are you currently under contract with another employer?	<b>Y   N</b>	If yes, Expiration date?	
Are you able to perform essential functions of the job for which you are applying with or without reasonable accommodations?	<b>Y   N</b>		
Are you legally eligible for employment in the USA?	<b>Y   N</b>	<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?	<b>Y   N</b>	If yes, fully explain.	
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<b>Educational and Professional Training (Starting with most recent.)</b>			
Name of Institution and Location	Degree/Diploma	Major	Minor
<b>Military Service Record</b>			
Have you ever served in the Armed Forces?			
Dates of Duty:	From: (Month)      (Year)	To: (Month)      (Year)	
Branch of Service:			
Applicable skills required?			
<b>Work History</b> – You may attach a resume to supplement the information on this application.			
<b>1</b>	Employer		From Date:      To Date:
	Phone #		
	Street Address		May we contact this employer to gather information? <b>Y   N</b>
	City, State, Zip Code		
	Job Title		
	Supervisor's Name & Title		
	Duties		
Reason for Leaving:			
<b>2</b>	Employer		From Date:      To Date:
	Phone #		
	Street Address		May we contact this employer to gather information? <b>Y   N</b>
	City, State, Zip Code		
	Job Title		
	Supervisor's Name & Title		
	Duties		
Reason for Leaving:			

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<b>3</b>	Employer		From Date:      To Date:
	Phone #		
	Street Address		May we contact this employer to gather information?  <b>Y   N</b>
	City, State, Zip Code		
	Job Title		
	Supervisor's Name & Title		
	Duties		
Reason for Leaving:			
<b>Licenses</b> – If you are applying for a position that requires a license or certifications (i.e. driver's license, commercial driver's license, hoisting engineer, lifeguard certification, etc.) you <b>must</b> list the type, license number, state of issuance and expiration date.			
	<b>Type</b>	<b>License Number</b>	<b>State</b>
			<b>Expiration Date</b>

Pre-employment disclosure questionnaire.

Please answer the following five questions. Answering "yes" to any of the questions does not necessarily preclude you from consideration for appointment or promotion to a position with the City of Warwick.

Is any member of your family employed by the City of Warwick, a member of a board or commission, an elected official, or a member of a ward commission, a senate district commission, or a representative district commission in the City of Warwick?

**Y | N**

If yes, please explain.

Is any person with legal residence in your place of residence, or residing in your place of residence, employed by the City of Warwick, a member of a board or commission, an elected official, or a member of a ward commission, a senate district commission, or a representative district commission in the City of Warwick?

**Y | N**

If yes, please explain.

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For the purpose of the following question, business is a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust or any other entity recognized in law through which business for profit or not for profit is conducted.

Are you a sole proprietor, partner, officer, owner, employee or paid board member of a business that provides goods, services or a thing of value to the City of Warwick, or is actively bidding to provide goods, services, or any other thing of value to the City?

**Y | N**

If yes, please explain.

For the purpose of the following question, business associate means a person joined with another person to achieve a common financial objective.

Are you a business associate with any person or business that provides goods, services or a thing of value to the City of Warwick, or is actively bidding to provide goods, services, or any other thing of value to the City?

**Y | N**

If yes, please explain.

If you answered yes to any of these questions, will any person identified in response to these questions work in the department to which you are applying, or be in a position to supervise your work and/or evaluate your performance?

**Y | N**

If yes, please explain.

### **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 applicant for a position with the CITY OF WARWICK, I hereby authorize past employers and educational institutions to release information about my work history and education to allow the CITY OF WARWICK to determine my qualifications for the position to which I've applied.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***THE CITY OF WARWICK IS AN EQUAL OPPORTUNITY EMPLOYER***

All Correspondence or telephone calls concerning applications or positions available should be directed to:  
CITY OF WARWICK  
DIVISION OF PERSONNEL  
3275 Post Road  
Warwick, RI 02886  
Telephone: (401) 738-2011 -- Facsimile: (401) 732-7636