

Application for Employment

City of Warwick
Personnel Department
3275 POST ROAD, WARWICK, RHODE ISLAND 02886

TEL (401) 738-2000 (EXT. 6253)

FAX (401) 732-7636

TDD (401) 739-9150

The City of Warwick is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

(Print Name in Full)

(Social Security No.)

(Present Actual Address)

(City, State, Zip)

(Telephone No.)

Since what date have you lived here? _____

Are you between 18 and 70 years of age? Yes No

Where did you live before this? _____

Are you a U.S. Citizen? Yes No

Since what date did you live there? _____

Were you previously employed by the City? Yes No

When and in what capacity? _____

Are you currently receiving pension payments from the City, or have you ever received pension payments from the City or from any pension fund to which the City contributes? Yes No

Have you ever been dismissed from any position? If the answer is YES, give details on the attached sheet. Yes No

Note to Applicants: In order to be hired for employment with the City of Warwick, applicants must possess the ability to perform the essential job functions of the position being offered. In some cases this may mean a medical examination or physical ability testing. The City complies with the Americans with Disabilities Act and may make reasonable accommodations to perform the essential job functions for those employees who are, or who may become, disabled.

If currently employed, may we communicate with your employer? Yes No

Name the position or kind of work in which you are interested in order of preference.

1. _____ 2. _____ 3. _____

Education

Elementary and Secondary School

Circle highest school grade completed

1 2 3 4 5 6 7 8 9 10 11 12

Dates Attended

From _____ To _____

Course of Study

Name and address of school last attended? _____

Did you graduate? Yes No Date of graduation _____

Post Secondary Education

Name of School

No. of Yrs.
Completed

Dates Attended
From To

Major Subject
Studied

Degree or Certificate
Received

Name of School	No. of Yrs. Completed	Dates Attended From To	Major Subject Studied	Degree or Certificate Received

Experience

Describe below all the positions you have held for the past ten years. In addition, describe any other experience you think may qualify you for this job. Begin with your present or most recent employer.

Name of Employer	Type of Business	Lowest Weekly Salary	From:
Address of Employer	Title of Position	Highest Weekly Salary	To:

Describe your duties.

Name of Employer	Type of Business	Lowest Weekly Salary	From:
Address of Employer	Title of Position	Highest Weekly Salary	To:

Describe your duties.

Name of Employer	Type of Business	Lowest Weekly Salary	From:
Address of Employer	Title of Position	Highest Weekly Salary	To:

Describe your duties.

THIS AFFIRMATION MUST BE SIGNED

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated.

Date: _____ Signature of Applicant: _____

F O R O F F I C E U S E O N L Y

(To be completed if candidate is hired)

Are you a Veteran? Yes No Are you a War Veteran? Yes No Disabled Veteran? Yes No

(4/6/17 - 11/11/18), (12/7/41 - 12/31/46), (6/27/50 - 7/27/53), (8/5/64 - 5/7/75)

**City of Warwick
Personnel Department
Affirmative Action File**

Applicant: _____

Address: _____
Street, City State Zip Code

Telephone No.: _____

Information Required By Federal Law

Female Male

White Black Asian/Amer. American Indian Spanish/Hispanic Other

F O R O F F I C E U S E O N L Y
Personnel Action

Promotion New Job Opportunity Title Grade Offered

Hired Refused Not offered

Reason _____

Interviewer: _____ Date: _____

Driving Record Authorization Form

I authorize the City of Warwick to obtain information concerning my past driving record from the appropriate agencies if it applies to the position for which I am applying. I understand that any negative findings may prevent me from being considered for the position for which I am applying.

DRIVER'S LICENSE NO.: _____

Signature

Date