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

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)

(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 Dates Attended Course of Study
1 2 3 4 5 6 7 8 9 10 11 12 From _______ To _______

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

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
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.

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<tr>
<th>Name of Employer</th>
<th>Type of Business</th>
<th>Lowest Weekly Salary</th>
<th>From:</th>
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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: __________________________

(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: ____________________________________________

Telephone No.: ________________________________

Information Required By Federal Law

Female □  Male □

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

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