



City of Newport, Rhode Island
APPLICATION FOR EMPLOYMENT

Department of Human Resources
 City Hall – 43 Broadway
 Newport, RI 02840-2792

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

(PLEASE PRINT IN INK)

Position(s) applied for _____ Full Time Part Time
 Seasonal Temporary

Were you previously employed by the City? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

PERSONAL INFORMATION

Name _____ E-mail _____
LAST FIRST MIDDLE

Present Address _____ Telephone No. _____
NO. STREET APT. NO.

CITY STATE ZIP

Are you a U.S. Citizen? Yes No If no, are you legally eligible for employment in the US? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been convicted of a crime? Yes No *(for Police Officer applicants only)*

If so, please explain: _____
(Criminal convictions will not necessarily disqualify an applicant from employment, but will be considered in relation to specific job requirements.)

Do you possess a valid driver's license? Yes No If yes, which State/class? _____

Has your driver's license ever been suspended? Yes No If yes, explain _____

EDUCATIONAL RECORD

	High School	College/University	Graduate/Professional/Trade
School Name & Location			
Diploma/Degree			
Year Graduated			
Honors Received			
Describe Course of Study			

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If so, what branch? _____

Are you a U.S. Veteran? Yes No *(please attach a copy of your DD-214)*

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

1. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								
2. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								
3. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								
4. Name/Address of Employer	FROM		TO		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	\$	\$		
	Position Held _____ Describe Duties:							
Tel.								

BUSINESS/WORK RELATED REFERENCES

Name and Occupation	Address/Company	Phone Number

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

I certify that the information contained in this application contains no misrepresentation or falsification and is true and complete to the best of my knowledge and belief. I understand that any false statements knowingly made may be cause for disqualification in examination, removal from eligibility register and removal from public service if appointed.

Applicant Signature

Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER