CITY OF EAST PROVIDENCE – Human Resource 145 Taunton Avenue, East Providence, RI 02914		APPLICATION FOR EMPLOYMENT An Equal Opportunity/Affirmative Action Employer		
POSITION APPLIED FOR - PLEASE 1	DATE RECEIVED (HR use only)			
		Telephone Number		
Last Name First	Middle Initial	-		
Print Actual Address		Mailing Address (If different fro	m actual)	
		,	ŕ	
Address Street & Number				
City	7in Code			
City State	Zip Code NT QUESTIONS MUST BE ANSWERED	"VES" OR "NO"		
Do you reside in the City of East Providence?			rovide details)	
□ YES □ NO	□ YES □ NO	Do you have any family members employed by the City of East Providence? (Provide details)		
	-			
Have you ever been employed by the City of East Providence? (Provide details use additional sheet if necessary)				
□ YES □ NO	Are you legally authorized to work in the U.S.?	Are you a veteran? Are of a	you at least 18 years	
		□YES □NO □Y		
	EDUCATION			
ELEMENTARY AND SECONDARY SCHOOL (Select highest grade completed)	Did you graduate?			
1 2 3 4 5 6 7 8 9 10 11 12	☐ YES ☐ NO High Sch	nool Diploma 🛛 GED 🗖		
COLLEGE – BUS	NESS OR TRADE SCHOOL – AND OTH	HER EDUCATION		
Name of School, City, and State	Major and/or	Type of Diploma or	If No Degree, # of Credits Earned	
	Course of Study	Degree Earned	of Credits Earned	
LIST ADDITIONAL SKILLS AND CERT	TIFICATIONS	LIST COMPUTER AND TECHNIC	L AL SKILLS	

EMPLOYMENT HISTORY

List below all the positions you have held in the past ten years. In addition, list any other experience which you think may qualify you for the position applied. Begin with your present or most recent employment. Explain what you did during lapses in employment. Incomplete applications may be a reason for disqualification.

	ioi disqualification.					
Name of Employer:	Type of Business	From (Date)	Salary or Wa Per Hour	ge	Reason for Leaving	
Address			Starting			
City State Zip Code	Title of Position Held	To (Date)				
			Ending			
Describe Duties:		Name and Title of It Supervisor	mmediate	Emplo	L Ve Contact This oyer? ES □ NO	
Name of Employer:	Type of Business	From (Date)	Salary or Wa Per Hour	ge	Reason for Leaving	
Address						
	Title of Position Held	To (Date)	Starting			
City State Zip Code			Ending			
Describe Duties:		Name and Title of In Supervisor	mmediate	Emplo	Ve Contact This byer?	
Name of Employer:	Type of Business	From (Date)	Salary or Wa Per Hour	ge	Reason for Leaving	
Address						
City State Zip Code	Title of Position Held	To (Date)	Starting			
			Ending			
Describe Duties:		Name and Title of It Supervisor	mmediate	Emplo	Ve Contact This oper? ES □ NO	
Commercial Driver's License (CDL)						
PROVIDE YOUR EMAIL ADDRESS BEI (THE CITY USES THIS AS A PRIMARY MEANS OF COM	How did you learn about this job opportunity? ☐ Internet ☐ EEO/Affirmative Action Office ☐ Newspaper ☐ EmployRI Network ☐ Walk-In ☐ Family/Friends ☐ Other					
THIS AFFIRMATION MUST BE COMPLETED I certify that my statements are true, complete, and correct and are made in good faith. I understand that any misstatement of fact and/or material omission will be considered as willful. I certify that there are no material omissions, misrepresentations and falsifications of the above statements and answers to questions on both sides of this application. I understand that should an investigation disclose such material omissions, misrepresentations, and falsifications, my application may be rejected and, should I be employed, my service may be terminated.						
Signature	Date					
	JMAN RESOURCES USI ON(S) FOR DISQUALIFICA					

□ A

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□ C

 \Box D

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CITY OF EAST PROVIDENCE VOLUNTARY SURVEY

The following is an invitation to self-identify. Your participation is strictly voluntary, but extremely helpful. This form does not affect the status of your application. The data requested is used solely by the City of East Providence Equal Employment/Affirmative Action Office to evaluate our efforts in recruiting and maintaining a diverse workforce. Information collected will be kept confidential and refusal to provide it will not subject the applicant to any adverse treatment in accordance with EEO and ADA. Thank you for participating in this survey!

Last Name:		First Name:	Middle Initia	վ:		
Street Address: _						
City: State:		State:	Zip Code:	Code:		
Position Applied F	or:		Gender	□ Female		
Veteran Status:	□ Veteran	□ Post 9/11 Veteran	☐ Disabled Veteran			
Age 40 or over:	□ Yes □ No					
☐ Hispanic or ☐ White	, ,,,	(See below for race and ethni	<i>city category definitions)</i> : ☐ Asian ☐ American Indian or Alaska Na ☐ Two or More Races	ative		
anthropological o	rigins. Definitions of the	race and ethnicity categories are as follo	mission do not denote scientific definitions of ows: 1 American, or other Spanish culture or origin			
regardless of race						
White (Not Hisp	anic or Latino) - A pers	on having origins in any of the original p	peoples of Europe, the Middle East, or North	Africa.		
Black or African	American (Not Hispar	nic or Latino) - A person having origins	in any of the black racial groups of Africa.			
Native Hawaiian Samoa, or other F		der (Not Hispanic or Latino) - A person	n having origins in any of the peoples of Hawa	aii, Guam,		
			eoples of the Far East, Southeast Asia, or the ysia, Pakistan, the Philippine Islands, Thailar			
		Hispanic or Latino) - A person having a), and who maintain tribal affiliation or	origins in any of the original peoples of North community attachment.	h and		
Two or More Ra	nces (Not Hispanic or La	atino) - All persons who identify with m	ore than one of the above five races.			

The City of East Providence does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.