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What source informed you of this position?

Referral Agency _____
Agency Name

Advertisement _____ AN EQUAL OPPORTUNITY EMPLOYER

**CITY OF CRANSTON
DEPARTMENT OF PERSONNEL
APPLICATION FOR EMPLOYMENT**

POSITION APPLYING FOR _____

1. Name (Please print): _____

2. Current Address: _____
Street City State Zip Code

3. Previous Address: _____

4. Telephone Number: _____

5. *Military Service: _____ Entry Date: _____ Discharge Date: _____

If disabled - Nature of disability _____ % of compensation granted by V.A _____

*** Information required to determine veteran's points**

6. If a specific license is required, answer the following:

Title: _____ Lic.No. _____ Date Issued: _____ Expiration: _____

7. EDUCATION: Are you a high school graduate? ____ Yes ____ No
If, NO, what was highest grade completed? _____

COLLEGE, BUSINESS SCHOOL, SERVICE SCHOOL, TRADE SCHOOL AND OTHER EDUCATION

Name of School	Years Completed	Dates Attended (Optional)	Major Subject	Degree or Certificate

8. EMPLOYMENT: Begin with your present or most recent employment. Report only the last ten (10) years.

Name and Address of Employer	Your Title	Dates Employed (From - To)	Reason for Leaving

9. Have you ever been employed by the City of Cranston? _____ Yes _____ No If your answer is "Yes" and such employment is not included above, please give pertinent data in the space provided below.

Department/Division _____ Position _____

Dates Employed: From _____ To: _____ Reason for Leaving: _____

PLEASE READ CAREFULLY

I hereby certify that all statements and answers given herein are complete and correct and I further understand that any misrepresentation on this application or upon discovery is reason for disqualification or dismissal if already employed.

Date

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

	Noted By	Received By
Veterans Discharge		
Veterans Disability Certificate		
Naturalization Certificate		
Driver's License		
High School Diploma/GED		
Birth Certificate		
Other licenses or certificates		