| What source informed you of this position? |                               |  |  |
|--|-------------------------------|--|--|
| Referral Agency Agency Name                | - Si-19                       |  |  |
| Advertisement                              | AN EQUAL OPPORTUNITY EMPLOYER |  |  |
|  |                               |  |  |

## CITY OF CRANSTON DEPARTMENT OF PERSONNEL APPLICATION FOR EMPLOYMENT

| FOR   |  |  | _                        |  |  |  |  |
|---|--|--|--------------------------|--|--|--|--|
| 1. Name (Please print):   |  |  |                          |  |  |  |  |
| et  | City   | State  | Zip Code                 |  |  |  |  |
|   |  |  |                          |  |  |  |  |
|   |  |  | •                        |  |  |  |  |
| ×   | _ Entry Date:  | Dischar  | ge Date:                 |  |  |  |  |
| If disabled - Nature of disability % of compensation granted by V.A<br>* Information required to determine veteran's points 6. If a specific license is required, answer the following: |  |  |                          |  |  |  |  |
| Lic.No  | Dat  | e Issued:  | Expiration:              |  |  |  |  |
| **************************************  |  |  |                          |  |  |  |  |
| Years<br>Completed  | Dates Attended (Optional)  | Major Subject  | Degree or<br>Certificate |  |  |  |  |
| 1   |  |  |                          |  |  |  |  |
|   |  |  |                          |  |  |  |  |
|   |  |  |                          |  |  |  |  |
|   | ity * Information ired, answer theLic.No * * * * * * * * h school graduate e completed? OL, SERVICE SO Years | Entry Date:  Entry Date:  * Information required to determined, answer the following:  Lic.No Dat  * * * * * * * * * * * * * * * * * * * | Entry Date: Dischartity  |  |  |  |  |

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 Reason for Leaving (From - To) 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



## CITY OF CRANSTON Department of Personnel 869 Park Avenue Cranston RI 02910

## EMPLOYMENT APPLICATION SUPPLEMENT-EEO INFORMATION FORM

The information on this sheet regarding race, sex and age is needed for statistical purposes to meet federal reporting requirements on equal employment opportunity. This information is needed to analyze and assure compliance with city and federal Equal Employment Opportunity Laws. Your participation in this survey is voluntary and your replies will be kept confidential. This survey will be detached from your application form prior to review of qualifications and will be available only to authorized personnel for research and evaluation purposes.

| Applicant Name:   |   |                 |               |   |  |  |
|---|---|-----------------|---------------|---|--|--|
| Position Applying for: EXAM NUMBER  |   |                 |               |   |  |  |
| Sex:  | Male 🗌  | Female          |               | Í   |  |  |
| Age:  | Under 20  | 20-39           | <b>40-65</b>  | 66 and over                                       |  |  |
| ETHNIC BACKGROUND  Please review all categories listed below. Determine the category which you believe best represents your ethnic background. Check one category only. |   |                 |               |   |  |  |
|   | Hispanic or Latino: A Central America or other  |                 |               | an, Puerto Rican, South or in regardless of race. |  |  |
|   | White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.  |                 |               |   |  |  |
|   | Black or African American: (not Hispanic or Latino): A person having origins In any of the black racial groups of Africa.   |                 |               |   |  |  |
|   | Native Hawaiian or Other Pacific Islander: (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.  |                 |               |   |  |  |
| ¥.  | Asian (Not Hispanic of Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. |                 |               |   |  |  |
|   | American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South (including Central America), and who maintain tribal affiliation or community attachment.   |                 |               |   |  |  |
|   | Two or More Races (No more than one of the abo  | 0 <del>-3</del> | c or Latino): | All persons who identify with                     |  |  |