City of Newport, Rhode Island · Department of Human Resources

Application for Employment

City Hall, 43 Broadway, Newport, RI 02840-2792 · hr@newportri.gov · Fax 401-425-0021

How to apply: Type in the fields or print and complete in ink. Email this application, your resume, and any other documents requested in the job posting to hr@newportri.gov or fax them to 401-425-0021.

Need help? If you need an accommodation, this form in another format, or help completing it, contact hr@newportri.gov.

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.

Position

Position(s) applied for

Date available to start (MM/DD/YYYY)

Type of employment sought (select all that apply)

☐ Full time ☐ Part time ☐ Seasonal ☐ Temporary

Were you previously employed by the City of Newport? ○ Yes ○ No

If yes, when?

Personal Information

Last name

First name

Middle name

Street address

Apt. no.

City

State

ZIP code

Telephone number

Email address

Are you legally eligible for employment in the U.S.? ○ Yes ○ No

Will you now or in the future require visa sponsorship (for example, H-1B) to work in the U.S.? ○ Yes ○ No

Are you presently employed? ○ Yes ○ No

If yes, may we contact your present employer? ○ Yes ○ No

Do you possess a valid driver's license? ○ Yes ○ No

Has your driver's license ever been suspended? ○ Yes ○ No

Proof of eligibility to work in the U.S. will be required upon employment.

Driver's license state and class

If your license was ever suspended, explain

What is your age? (Some positions have minimum age requirements.) ○ 18 or older ○ 16 or 17 ○ 14 or 15

Full-time positions require applicants to be at least 18. Seasonal/part-time positions may require applicants to be 14, 16, or 18, depending on the position. Proof of age may be required upon hire.

Educational Record

High school diploma or equivalent

Do you have a high school diploma or equivalent (such as a GED)? ○ Yes ○ No ○ In progress

If in progress, expected completion (MM/YYYY)

Some positions require a high school diploma or equivalent. If you are still working toward one, you are encouraged to apply.

College or university

School name

Location (city, state)

Diploma or degree

Year graduated

Honors received

Course of study

Graduate, professional, or trade school

School name

Location (city, state)

Diploma or degree

Year graduated

Honors received

Course of study

Military Service Record

Were you in the U.S. Armed Forces? ○ Yes ○ No

Are you a U.S. veteran? (If yes, please attach a copy of your DD-214.) ○ Yes ○ No

If so, what branch?

Employment History

List your present and past employment, beginning with the most recent. You may attach additional pages if needed.

Employer 1 (most recent)

Employer name

Position held

Telephone

Employer address

From (MM/YYYY)

To (MM/YYYY)

Name of supervisor

Reason for leaving

Describe duties

Employer 2

Employer name

Position held

Telephone

Employer address

From (MM/YYYY)

To (MM/YYYY)

Name of supervisor

Reason for leaving

Describe duties

Employer 3

Employer name

Position held

Telephone

Employer address

From (MM/YYYY)

To (MM/YYYY)

Name of supervisor

Reason for leaving

Describe duties

Employer 4

Employer name | Position held | Telephone

Employer address

From (MM/YYYY) | To (MM/YYYY) | Name of supervisor | Reason for leaving

Describe duties

Licenses and Certifications

List any professional licenses or certifications you hold (for example, CDL, trade license, EMT).

License or certification | Issuing state or agency | License number | Expires (MM/YYYY)

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Business or Work-Related References

Reference 1: name and occupation | Address or company | Phone number

Reference 2: name and occupation | Address or company | Phone number

Reference 3: name and occupation | Address or 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.

Typing your full name in the signature field below serves as your signature.

Applicant signature (type your full name) | Date (MM/DD/YYYY)

The City of Newport is an Equal Opportunity / Affirmative Action Employer.

Equal Employment Opportunity Form (Voluntary)

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will only be accessed by the Human Resources department and will be kept confidential. If you choose not to identify at this time, the federal government requires the City of Newport to determine this information by visual survey and/or other available information in order to complete EEO-4 reporting.

Sex ○ Male ○ Female ○ I choose not to self-identify

Race/Ethnicity (select one)

○ American Indian or Alaska Native	Origins in any of the original peoples of North America and South America (including Central America), and maintains tribal affiliation or community attachment.
○ Asian	Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
○ Black or African American	Origins in any of the Black racial groups of Africa.
○ Native Hawaiian or Other Pacific Islander	Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
○ White	Origins in any of the original peoples of Europe, North Africa, or the Middle East.
○ Hispanic or Latino (all races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
○ Other race not indicated above	If other, specify:
○ I choose not to self-identify	

Status

Veteran status	○ Yes	○ No	○ I choose not to self-identify
Disabled veteran	○ Yes	○ No	○ I choose not to self-identify
Disability status	○ Yes	○ No	○ I choose not to self-identify

Where did you learn about this employment opportunity? (select all that apply)

☐ Word of mouth ☐ Email announcement ☐ Newspaper advertisement
☐ Internship ☐ HR Office ☐ Job fair
☐ Website Which website? ☐ Referral Referred by