CITY OF PAWTUCKET

Division of Personnel

Local 1012 EMPLOYEE REQUEST FOR POSITION TRANSFER

Form MUST be filled out completely

_	
Name:	
Address:	
City, State 8	ջ Zip Code։
Tel. #:	DOH:
Present Job	Title and Division:
•	pplying for more than one position, please note your preference in box below; i.e., 1 st , 2 nd , 3 rd , etc. I wish to be transferred to:
Job Title:	Division:
	Preference:
-	ny licenses, certificates, degrees, etc. required for this position MUST be time of application.
position, fu	ewed the Job Description and understand the requirements for this irthermore, I understand that I may be required to successfully pass a examination and/or Oral Board prior to a permanent transfer.
DATE:	SIGNATURE: FER REQUEST FOR LOCAL 1012.doc