



CITY OF ROSWELL

INTERNAL JOB VACANCY APPLICATION

(PLEASE PRINT)

Employee's Name: _____ Date: _____

Are you currently related to or in a relationship with another City of Roswell employee? Yes No - If yes, please complete:

Name: _____ Department: _____

Job Title: _____

Job Title Applying For: _____

Job Code: _____ Department: _____

Current Status: Part -Time:

Seasonal:

Work Test Period:

Regular Full -Time:

Temporary:

Job Title: _____ Department: _____

Date of Hire: _____ Time in Current Position: _____

Employee must be in their current position for a minimum of 6 months to be eligible to apply for a position in another department.

Supervisor: _____ Supervisor's Signature (mandatory): _____

Director/Deputy Director Signature (mandatory): _____

The supervisor's/Director's signature is an acknowledgement that the employee is requesting to transfer and the request does not guarantee the employee is transferring nor is the supervisor's signature an endorsement/referral for the requested position.

Contact Phone Number: _____ Best time to reach me: _____

Explain Your Qualifications For This Position: _____
