

**CITY OF ST. AUGUSTINE
APPLICATION FOR PROMOTION/TRANSFER**

NAME _____ EMPLOYEE NO. _____
(Last) (First) (Middle)

HOME PHONE **DEPARTMENT PHONE**

PRESENT JOB TITLE _____ PRESENT PAY GRADE/STEP _____

POSITION DESIRED **PAY GRADE**

LIST HIGHEST LEVEL OF EDUCATION ATTAINED; DATE OF GRADUATION AND DEGREE

DESCRIBE WHY YOU BELIEVE YOU ARE QUALIFIED FOR THE POSITION DESIRED:

(Signature)

(Date)