

CITY OF ST. AUGUSTINE
APPLICATION FOR PROMOTION/TRANSFER

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

PRESENT ADDRESS _____
(Street) (City) (State) (Zip)

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)