

City of Gulfport Request for Transfer/Promotion

INSTRUCTIONS:
Type or print clearly.

Each section must be answered completely. **Incomplete forms will not be considered.**
Current resumes may accompany this form and are **STRONGLY RECOMMENDED.**
All forms must be signed by your current supervisor & director and returned to Human Resources.

Official Use Only

Date Submitted to HR:

Received by:

Last Name	First Name	Middle Initial
Home Phone	Work Phone	Employee Number
Current Department	Current Position	Current Shift
Describe the major duties of your job (resume may be attached to supplement this section & is STRONGLY RECOMMENDED):		
Current Supervisor's Name	Current Supervisor's Phone	

Indicate if you have the following skills:

Typing (WPM speed):	Software:
	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Other (list):

Professional Licensure— list any current professional licensures/certifications you have relevant to the position applied for.

Position Requesting Transfer To:

Job Title:	Department:
Indicate which days you are available to work:	Indicate which shifts you are available to work:
<input type="checkbox"/> Any <input type="checkbox"/> M-F Only <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	<input type="checkbox"/> Any <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Call

Employee's Statement: Read carefully.

I understand this request will become expired 90 days after submission, or when the position(s) for which I apply is/are filled, whichever comes first.

I certify all answers and information given within this application are true and complete to the best of my knowledge. I authorize investigation of any and all information given as deemed necessary by the City of Gulfport in arriving at an employment decision.

I understand that having received counseling notice(s) within six (6) months prior to submission of this form will render the request void.

I understand that I may be required to submit to a medical examination, at City expense, to determine my ability to perform all essential job duties of the new position with or without reasonable accommodation. I further understand that transfer may be contingent upon the successful completion of this physical.

I acknowledge that I have read and understand the form instructions and the statement listed above.

Signature of Employee	Printed Name of Employee	Date
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APPROVALS

Supervisor's Approval: _____ Date: _____

Director's Approval: _____ Date: _____

If denied, indicate reason:
(Attach addendum if necessary) _____
