

City of Jackson

Employment Application

Application Date _____

What position are you applying for? _____ Seasonal/Part-Time _____ Fulltime Position

Desired Department/Job/Position? _____

The City of Jackson, Ohio is an Equal Opportunity Employer and does not discriminate in hiring, promoting, discharging, pay rates, fringe benefits, or other aspects of employment on the basis of race, color, religion, sex, national origin, age, disability, or qualified Vietnam Era and Special Disabled Veterans.

APPLICANT INFORMATION

Full Name (First/MI/Last) _____

Home Address: (Street Number/Name) _____

Preferred Contact Number: _____ Email: _____

Are you 16 years of age or older? ___ Yes / ___ No Driver's License #: _____ CDL? ___ Yes / ___ No
Date of Birth: _____ Class: _____

Handicapped Individual? ___ Yes / ___ No

Do you have a relative currently working for the City of Jackson? _____

Name & Relationship

If hired, what date are you able to begin employment? _____

EDUCATION

High School Diploma (or equivalent): _____ Yes / ___ No _____
Year Completed

Business / Technical – Course of Study: _____ Yes / ___ No _____
Year Completed

College – Course of Study: _____ Yes / ___ No _____
Year Completed

Other: _____ Yes / ___ No _____
Year Completed

MILITARY STATUS

Have you served in the U.S. Armed Services? ___ Yes / ___ No Disabled Veteran? ___ Yes / ___ No

Start Date: _____ End Date: _____ Branch: _____

Rank at Discharge: _____ Type of Discharge: _____

Special Training / Experience during your services:

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EMPLOYMENT HISTORY

Current/Most Recent Job:

Employer: _____ Address: _____

Supervisor: _____ Phone #: _____

Start Date: _____ End Date: _____ Rate of Pay: _____

May we contact this employer? ___ Yes / ___ No Reason for Leaving: _____

Duties and Responsibilities:

Next Most Recent Job:

Employer: _____ Address: _____

Supervisor: _____ Phone #: _____

Start Date: _____ End Date: _____ Rate of Pay: _____

May we contact this employer? ___ Yes / ___ No Reason for Leaving: _____

Duties and Responsibilities:

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Duties and Responsibilities:

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Supervisor: _____ Phone #: _____

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May we contact this employer? ___ Yes / ___ No Reason for Leaving: _____

Duties and Responsibilities:

Other Related Employment:

Employer: _____ Address: _____

Supervisor: _____ Phone #: _____

Start Date: _____ End Date: _____ Rate of Pay: _____

May we contact this employer? ___ Yes / ___ No Reason for Leaving: _____

Duties and Responsibilities:

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REFERENCES

Professional:

Name	Contact #	Email	Occupation
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Name	Contact #	Email	Occupation
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Name	Contact #	Email	Occupation
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Personal:

Name	Contact #	Email	Occupation
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Name	Contact #	Email	Occupation
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Name	Contact #	Email	Occupation
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APPLICANT ACKNOWLEDGMENT

I hereby certify that this employment application was completed by me and that all of the information contained is true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired.

I hereby grant to the City of Jackson the authorization to investigate the accuracy of the information provided. I also authorize the release of my information to the City of Jackson of my school records, past employment, and other qualifications, disciplinary action, and cause for my leaving employment.

I also authorize the release of my information from the criminal justice agencies, such as unsealed conviction records.

I hereby release any person/agency from any and all liability whatsoever for furnishing such information, and release the City of Jackson from any and all liability whatsoever for the use of such information.

Applicant's Name (print)

Once signature is applied,
document can not be modified.
Any changes that need to be
made after submission will need
to be done by a new application
or by contacting the HR dept. for
the City of Jackson.

Date

Applicant's Signature

APPLICATION RECEIVED BY:

City Official Name (print)

Date

City Official Signature