

City of Jackson

Application Date

Employment Application

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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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:

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:

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
Name	Contact #	Email	Occupation
Name	Contact #	Email	Occupation

Personal:

Name	Contact #	Email	Occupation
Name	Contact #	Email	Occupation
Name	Contact #	Email	Occupation

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	

Email application to: hr@jacksonohio.us
Drop off application to: 200 Broadway Street, Jackson, OH
45640