



City of Jackson
 135 South Mulberry Street
 P.O. Box 838
 Jackson, Georgia 30233
 770-775-7535

EMPLOYMENT APPLICATION

The City of Jackson
 is an Equal Opportunity
 Employer.

Position Applying for: _____

(An original application is required for each position.)

PERSONAL DATA

Name: (Last)		(First)	(Middle)	Social Security #:
Address: (Street)		(City)	(State)	(Zip)
Home telephone:	Other telephone:	Email address:		Date available for employment:
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			Would you accept shift or night work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any relatives working for the City of Jackson? If yes, list name, relationship and the department:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been or are you now employed with the City of Jackson? If yes, list department and dates employed:			Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

HIGH SCHOOL

Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Name:
If not, do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	City, State
Check highest grade completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Specialty courses:	

COLLEGE

Name and location of College/University/Tech. Sch.:	Major courses of study:	Semester/quarter hours completed:	Years completed:	Type of degree or certificate received:

MILITARY SERVICE

Branch of service:	Branch of service:
Dates served:	Dates served:
Type of discharge:	Type of discharge:

EMPLOYMENT HISTORY

Provide your employment history beginning with your present or most recent job. If you were self-employed, give firm name. Include any military or volunteer work. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary.

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

EMPLOYMENT #1

Dates employed (Mo/Yr) to	Company name:	Company phone #:	Starting salary:	Ending salary:
Job title:	Company address:	Supervisor's name:		

Duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes No

EMPLOYMENT #2

Dates employed (Mo/Yr) to	Company name:	Company phone #:	Starting salary:	Ending salary:
Job title:	Company address:	Supervisor's name:		

Duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes No

EMPLOYMENT #3

Dates employed (Mo/Yr) to	Company name:	Company phone #:	Starting salary:	Ending salary:
Job title:	Company address:	Supervisor's name:		

Duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes No

EMPLOYMENT #4

Dates employed (Mo/Yr) to	Company name:	Company phone #:	Starting salary:	Ending salary:
Job title:	Company address:	Supervisor's name:		

Duties and responsibilities:

Reason for leaving:

May we contact this employer?

Yes No

DRIVING HISTORY

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which state?	Driver's license #:	Date of expiration:
Do you have a commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which state?	Which type?	Driver's license #:
			Date of expiration:

SKILLS AND TRAINING

COMPUTER SKILLS (Check the boxes below only if you have experience with the software program for a minimum of 3 months)

Operating system: <input type="checkbox"/> MS Windows 95/98/XP/Me <input type="checkbox"/> MS Windows NT/2000 <input type="checkbox"/> Other	Word processing: <input type="checkbox"/> Microsoft Word (Version) <input type="checkbox"/> Word Perfect (Version) <input type="checkbox"/> Other	Spreadsheet: <input type="checkbox"/> Microsoft Excel (Version) <input type="checkbox"/> Lotus <input type="checkbox"/> Quattro <input type="checkbox"/> Other
Database: <input type="checkbox"/> Microsoft Access (Version) <input type="checkbox"/> dBase <input type="checkbox"/> SQL <input type="checkbox"/> Other	E-Mail: <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Lotus Notes <input type="checkbox"/> Groupwise <input type="checkbox"/> cc:Mail <input type="checkbox"/> Other	Other programs: <input type="checkbox"/> Microsoft Powerpoint <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Other

OTHER SKILLS

Are you able to speak any language other than English? (If yes, please list.)

What special skills, qualifications or certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying?

PUBLIC SAFETY

Please answer the following when applying for a Public Safety position:

Police Officer, Jailer	Are you at least 21 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Firefighter	Are you at least 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

Please complete this section only if applying for a safety sensitive position.

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Print name: _____ Signature: _____

Date: _____

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed.)

GENERAL INFORMATION

Do you need special accommodations to perform the duties described in the job description? If yes, please explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you submit legal verification of your right to work in the United States? (In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of or pleaded guilty or nolo to a felony or misdemeanor in the last eight years, other than a minor traffic violation?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when?	Where?	
For what?		

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand the application is not a contract of employment. I further understand that should employment be offered, my employment and compensation may be terminated with or without cause at any time by either the City of Jackson or myself and that my employment is at will. I understand that submission of the application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with me contrary to the foregoing.

Employment with The City of Jackson is contingent upon successfully passing a medical and physical examination. I also understand that if I am hired, I will be tested for alcohol and drug abuse and will be subject to random alcohol and drug testing during my employment.

I understand failure to submit a complete application may disqualify me from consideration for a position.

I understand any untrue statement in the application may result in my dismissal at any time during my employment with The City of Jackson.

I understand any information obtained in a personal history background investigation arising in whole or part, directly or indirectly, from the waiver and authorization will be considered in determining my suitability for employment with The City of Jackson.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information my former employers may have pertinent to the application and the employment procedures of The City of Jackson. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes, letters of reference, certificates, etc., submitted with the application become the property of The City of Jackson and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's signature: _____ **Date:** _____

Notary Public/Seal
Sworn to and subscribed before me this

_____ day of _____, _____.