

APPLICATION INFORMATION City of Jackson 101 Court St. Jackson, MO. 63755 Page #1

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

Personal Information (please print)

Name: _____ Social Security: _____ - _____ - _____
 (Last) (First)

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Position Information (please print)

Position Applied For: _____

Department / Group: _____

Have you ever worked for this organization? _____ If so, date(s): _____

Prior Position(s): _____

Reason(s) for Leaving: _____

Education (please print)

School / Institution	Major or Area of Study	Degree or Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Achievements (please print)

Employment History (please print)

List Current First

Page #2

Current: _____ Telephone:(____) _____
Address: _____
Position: _____
Dates Employed: From: _____ To: _____ Ending Pay _____

Previous: _____ Telephone:(____) _____
Address: _____
Position: _____
Dates Employed: From: _____ To: _____ Ending Pay _____

Previous: _____ Telephone:(____) _____
Address: _____
Position: _____
Dates Employed: From: _____ To: _____ Ending Pay _____

Previous: _____ Telephone:(____) _____
Address: _____
Position: _____
Dates Employed: From: _____ To: _____ Ending Pay _____

Previous: _____ Telephone:(____) _____
Address: _____
Position: _____
Dates Employed: From: _____ To: _____ Ending Pay _____

References (please print)

Name	Relationship to Applicant	Telephone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information (please print)

Name of friends and / or relatives employed by this City _____

Position held: _____

Emergency Contact

In the event of an emergency, who should we contact?		
Name	Relationship to Applicant	Phone Number
_____ (Last) (First)	_____	_____
Name	Relationship to Applicant	Phone Number
_____ (Last) (First)	_____	_____

Acknowledgement (please read carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of the statements checked by the City of Jackson unless I have indicated to the contrary. I authorize the references listed above to provide the City of Jackson any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City of Jackson as well as from the use or disclosure of such information by the City of Jackson or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if hired, in my dismissal from employment. I also authorize the City of Jackson to do a Police background check.

Attachments: _____

Applicant's Signature

Date