

CITY OF JEFFERSON APPLICATION

POSITION APPLIED FOR:
On what basis are you available for employment? Full Time Part Time
How did you learn about the position?
(Newspaper, radio, personal announcement, walking, etc)

PLEASE FOLLOW THESE GENERAL INSTRUCTIONS
1. Read the position description and be sure you meet the "QUALIFICATIONS" listed
2. Answer all questions and complete all spaces on this application.
3. Submit all transcripts and documents at time of application.

PRINT OR TYPE
Last Name First Name Middle name or initial
Address (number and Street) City County
State Zip Phone (area code) Number

Have you ever filed an application with the Employer? Yes No Dates
Have you ever been employed by the Employer? Yes No
(Mandatory for Law Enforcement or Firefighter Applicants only)
Date of Birth
Month Day Year
Can you, after employment, submit verification of our legal right to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE
Application Received
Application Review by
Application meets or exceeds minimum qualifications for position Yes No
If no, explain deficiencies below.
Physical Date and Time Ret'd
"AN EQUAL OPPORTUNITY EMPLOYER"

VETERAN INFORMATION

Veteran's Preference

Are you a U.S. Veteran? ___ Yes ___ No

Dates of active duty _____
From to (mo, day, yr)

Are you a member of the reserves or national guard?

___ Yes ___ No

Those wishing to claim veteran's preference **MUST**
SUBMIT PROOF OF SERVICE (DD214) which includes
dates of active duty.

Have you ever been discharged or asked to resign from employment? Yes No

Have you ever been convicted of a crime other than minor traffic violation? Yes No

Do you object to inquiry of your present employer in regard to your character, work record, qualifications or abilities? Yes No Other information _____

IF YOU ANSWER "NO" AND WE NEED TO CONTACT YOUR PRESENT EMPLOYER BEFORE WE CAN OFFER YOU A JOB, WE WILL CONTACT YOU FIRST.

Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? _____ If yes, Please explain. _____

Has your driver's license been suspended or revoked during the past year? _____ If yes, please explain _____

Have you been convicted or have you pled guilty to two or more moving traffic violations the past two years? _____ If yes, please explain _____

EMPLOYMENT RECORD

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible. If you have more than six (6) separate periods of employment, fill out blank sheet in the same form as that outlined below and attach. NOTE: Resumes will not be accepted in lieu of completion of this part, or any part, of this application.

1. Present or last employer _____ Address _____ City _____ State _____ Phone _____ Immediate Supervisor _____ Department _____ Title of Supervisor _____ Starting Salary \$ ___ Per _____ Your title _____ Last or present Salary \$ ___ per _____ Specific Duties: _____ _____ _____ _____	Date Employed _____ Date Separated _____ Total Months Employed _____ Full Time? Yes ___ No ___ Part Time: Indicate Percent or or No. of Hours _____
Reason for leaving: _____	

2. Present or last employer _____ Address _____ City _____ State _____ Phone _____ Immediate Supervisor _____ Department _____ Title of Supervisor _____ Starting Salary \$ ___ Per _____ Your title _____ Last Salary \$ ___ per _____ Specific Duties: _____ _____ _____ _____	Date Employed _____ Date Separated _____ Total Months Employed _____ Full Time? Yes ___ No ___ Part Time: Indicate Percent or or No. of Hours _____
Reason for leaving: _____	

3. Present or last employer _____ Address _____ City _____ State _____ Phone _____ Immediate Supervisor _____ Department _____ Title of Supervisor _____ Starting Salary \$ ___ Per _____ Your title _____ Last Salary \$ ___ per _____ Specific Duties: _____ _____ _____ _____	Date Employed _____ Date Separated _____ Total Months Employed _____ Full Time? Yes ___ No ___ Part Time: Indicate Percent or or No. of Hours _____
Reason for leaving: _____	

EMPLOYMENT RECORD (CONTINUED)

4. Present or last employer _____	Date Employed _____
Address _____ City _____ State _____	Date Separated _____
Phone _____	Total Months Employed _____
Immediate Supervisor _____ Department _____	Full Time? Yes ___ No ___
Title of Supervisor _____ Starting Salary \$ ___ Per _____	Part Time: Indicate Percent or
Your title _____ Last Salary \$ ___ per _____	or No. of Hours _____
Specific Duties: _____ _____ _____	
Reason for leaving: _____	

5. Present or last employer _____	Date Employed _____
Address _____ City _____ State _____	Date Separated _____
Phone _____	Total Months Employed _____
Immediate Supervisor _____ Department _____	Full Time? Yes ___ No ___
Title of Supervisor _____ Starting Salary \$ ___ Per _____	Part Time: Indicate Percent or
Your title _____ Last Salary \$ ___ per _____	or No. of Hours _____
Specific Duties: _____ _____ _____	
Reason for leaving: _____	

6. Present or last employer _____	Date Employed _____
Address _____ City _____ State _____	Date Separated _____
Phone _____	Total Months Employed _____
Immediate Supervisor _____ Department _____	Full Time? Yes ___ No ___
Title of Supervisor _____ Starting Salary \$ ___ Per _____	Part Time: Indicate Percent or
Your title _____ Last Salary \$ ___ per _____	or No. of Hours _____
Specific Duties: _____ _____ _____	
Reason for leaving: _____	

List any in service training or instruction courses or program you have completed with the above listed employers. _____

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying please submit a copy of these appropriate documents.

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE-

Name of trade or profession _____ License Number _____

Granted by _____ City and or State of _____

Specialty _____ Licensed from _____ to _____

EDUCATION

Circle last year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of high school attended _____

Location (city/State) _____

VOCATIONAL TRAINING AND COLLEGE

Name and Location (Vocational)	From Mo Yr	To Mo Yr	Number of Hours Attended per week	Number of Credits Sem/Quart	Subjects Studied	Diploma or Certification obtained Mo/Yr
Name						
Location						
Name						
Location						
Name						
Location						

Name and Location (College)	From Mo Yr	To Mo Yr	Total Semester Hours	Total Quarter Hours	Major Field and Number of Hours	Minor Field and Number of Hours
Name						
Location						
Name						
Location						
Name						
Location						

Did you graduate? Yes No Degree Received _____ Date Received _____

MOST IMPORTANT-PLEASE READ

Failure to complete all parts of the application that apply to you will cause delay, and may result in our having to return you application. ALWAYS USE THE SAME NAME AND INITIALS WHEN YOU ARE SENDING INFORMATION TO THIS OFFICE ABOUT YOURSELF AND INDICATE ON THE DOCUMENTS THE TITLE(S) OF THE POSITION(S) FOR WHICH YOU ARE APPLYING. Have you: 1. completed all parts of the application listing every job which you have held: 2. enclosed copies of documents requested such as college transcript, or special license; and 3. read the statement below, and sign the application?

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

I HEREBY CERTIFY, that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

1. I am aware that all statements submitted on this application are subject to investigation and verification.
2. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the Employer in it processing of this application.
3. I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should be any forms employer or school require such a release.
4. I understand that any withholding of information or misrepresentation on this application or an Employer medical form could result in rejection for employment, or if employee termination from the Employer.

Sign Here in Ink _____
Date _____