

# APPLICATION FOR EMPLOYMENT

MAILING ADDRESS:  
P.O. BOX 2508  
JACKSON, TN 38302



127 E. MAIN STREET  
JACKSON, TN 38301

(The City of Jackson is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, religion, color, creed, national origin, citizenship, gender, age or disability.)

**IF YOU REQUIRE ASSISTANCE AND/OR ACCOMMODATION TO COMPLETE THIS FORM, PLEASE CALL THE PERSONNEL DEPARTMENT AT (731) 425-8267.**

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## PLEASE NOTE

This application is a very important part of the examination process. All requested information must be furnished. Please be aware that the information you provide will be used in the job screening process. Therefore, it is important that you be as specific as possible in your description of past and present experiences, training and education. Answer all questions fully and accurately. If additional space is needed, please use a blank sheet and attach it to the application form. If an item does not apply to you, or if there is no information to be given, please write in the letters, "NA". **ALL JOB APPLICATIONS ARE A MATTER OF PUBLIC RECORD.**

**(PLEASE WRITE LEGIBLY OR TYPE)**

DATE OF APPLICATION: \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF JACKSON? \_\_\_\_\_  
If yes, please indicate position, department and dates. \_\_\_\_\_

PLEASE LIST THE NAME(S), DEPARTMENT(S) AND RELATIONSHIP OF ANY RELATIVES, INCLUDING IN-LAWS, WHO ARE NOW EMPLOYED BY THE CITY OF JACKSON: \_\_\_\_\_

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## PERSONAL DATA

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER(S): HOME ( ) \_\_\_\_\_ BUSINESS ( ) \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? \_\_\_\_\_

If yes, can you provide the required work authorization documents? \_\_\_\_\_

# PRESENT AND PRIOR EMPLOYMENT

Please list and give details of your complete present and prior employment history. List latest position first. Please include details of military service specialties or duties and/or any volunteer work that may be relevant to the position you are seeking. **PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT.**

Employer Name and Address		Employer Phone No.
Type of Business		
Position Title	From (Date) To (Date)	Last Base Rate of Pay
Briefly Describe Your Duties		
Name of Supervisor	Reason For Leaving (Be Specific: Quit, Layoff, Discharge, Etc.)	
Employer Name and Address		Employer Phone No.
Type of Business		
Position Title	From (Date) To (Date)	Last Base Rate of Pay
Briefly Describe Your Duties		
Name of Supervisor	Reason For Leaving (Be Specific: Quit, Layoff, Discharge, Etc.)	
Employer Name and Address		Employer Phone No.
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Position Title	From (Date) To (Date)	Last Base Rate of Pay
Briefly Describe Your Duties		
Name of Supervisor	Reason For Leaving (Be Specific: Quit, Layoff, Discharge, Etc.)	

Have you ever been terminated or asked to resign from any job? Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment: \_\_\_\_\_

## EDUCATION

Type of School	Name of School	Location City/State	Circle last year completed	Area of Study/Courses	Graduated?
Grade			1 2 3 4 5 6 7 8		
High School			9 10 11 12		
College			1 2 3 4		
College			1 2 3 4		
Graduate					
Business/Trade					
Military					
Other					

Please list any certifications not listed above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills, training, or licenses (including valid driver's license, CDL): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THREE PERSONAL REFERENCES, WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND/OR ABILITIES. **PLEASE DO NOT LIST PAST EMPLOYERS, RELATIVES, IN-LAWS NOR LIVE-INS AS REFERENCES.**

NAME	COMPLETE MAILING ADDRESS	YEARS KNOWN	PHONE

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

**APPLICANT'S STATEMENT:**

I hereby apply for employment with **THE CITY OF JACKSON**, and state that:

The information given by me in this application is true in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the judgment of The City of Jackson) that I will be disqualified from consideration for employment or be subject to dismissal if such is discovered after I have been hired.

I authorize The City of Jackson to investigate my driving record (where applicable) and my criminal record and I understand that an investigative consumer report (where applicable) may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. I hereby authorize all individuals, and organizations, schools, entities, employers (past and present) referred to in this application and any law enforcement organizations, to give to the City of Jackson all information relative to such verification and hereby release such individuals, organizations, law enforcement agencies, schools, entities, employers and The City of Jackson from any and all liability for any claim or damage resulting therefrom. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigative report.

I also authorize The City of Jackson to provide truthful information concerning my employment to my future prospective employers, and I agree to hold the City of Jackson harmless for providing such information.

I understand that the City of Jackson reserves the right to condition an offer of employment on the results of a drug test, alcohol test, mental evaluation, and/or medical examination.

I understand that this employment application and any other City of Jackson documents are not promises of employment. I further understand that nothing contained in this employment application or in any City of Jackson documents or in the granting of an employment interview is intended to create an employment contract between the City of Jackson and me. I further understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I understand that I have the right to terminate my employment at any time, with or without cause and with or without notice and that the City of Jackson has the same right. No one other than the Mayor of the City of Jackson has the authority to modify this relationship or any agreement to the contrary. Any such modification or agreement must be in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATIONS FOR POSITIONS, OTHER THAN THOSE WHICH REQUIRE ENTRANCE EXAMS WILL BE KEPT ON FILE FOR ONE HUNDRED EIGHTY (180) DAYS OR SIX (6) MONTHS FROM DATE FILED. I UNDERSTAND THAT IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, I MUST REAPPLY.**

# PERSONAL INFORMATION FORM

The information requested on this form will not affect you as an applicant for a position. This information is collected for compliance with government record keeping and reporting requirements. The information will be maintained in a confidential file separate from the employment application and will not be given to anyone who makes hiring decisions. We would appreciate your cooperation and assistance in our efforts to ensure equal employment opportunity.

DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE(\_\_\_\_\_) \_\_\_\_\_  
LAST FIRST MI AREA CODE

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

GENDER:  MALE  FEMALE

MARITAL STATUS  SINGLE, NEVER MARRIED  MARRIED  
 DIVORCED  SEPARATED

RACE/ETHNIC GROUP  CAUCASIAN  AFRICAN AMERICAN  
 HISPANIC  ALASKAN NATIVE  
 ASIAN AMERICAN  NATIVE AMERICAN INDIAN  
 OTHER \_\_\_\_\_

DISABLED INDIVIDUAL:  YES  NO

VETERAN:  YES  NO

DISABLED VETERAN:  YES  NO

## NOTIFY IN CASE OF EMERGENCY

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**CITY OF JACKSON  
APPLICANT'S AUTHORIZATION  
FOR RELEASE OF MEDICAL INFORMATION**

It is the policy of the City of Jackson to require that each applicant offered employment will take and successfully pass medical examinations to determine whether he/she can perform the essential functions of the position offered.

I agree that, I will undergo, at no personal expense, an examination or examinations by designated physicians(s), to determine whether I can perform the essential functions of the job that has been offered to me. I agree that the physician(s) may disclose to the officials of the City of Jackson, the results of such examination(s).

Also, the City of Jackson requires that each applicant offered employment must successfully pass a drug/alcohol screen that will be administered prior to the start of employment. Applicants whose initial test reveals positive results will be denied employment with the City of Jackson. Any applicant who refuses to consent to the drug/alcohol screen will not receive further consideration for employment.

**DRUG/ALCOHOL CONSENT FORM**

I, \_\_\_\_\_, hereby acknowledge and understand the City of Jackson's desire to maintain a safe and productive workplace. I hereby consent to and authorize the release of the results to those city officials with a "need to know". I understand that refusing to consent to a screen will void the job offer as extended to me; and that a positive reading on my initial test will disqualify me as an applicant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_