

EDUCATION AND EXPERIENCE

Please read the Minimum Qualifications described in the job announcement carefully before completing the sections below. The information you provide will allow us to determine whether you meet the Minimum Qualifications. Résumés CANNOT be substituted for completing the sections below in their entirety.

EDUCATION: Do you possess a High School Diploma or G.E.D.?: Yes No

Name & Location of College, University, or Trade School	Major Area of Study	Completed Units (✓ to indicate semester or quarter units)		Degree Received	Date Completed
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Certificates of Training, Licenses, or Professional Registration					
Description:		Date Issued:		Registration #:	
Description:		Date Issued:		Registration #:	

* Please list any additional training, licenses or professional registration on an attached sheet or resume.

If this position requires typing, please indicate speed: _____

EXPERIENCE: Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.

Period of Employment	Job Title and Most Important Duties	Employer Contact Information
FROM: ___/___/___ TO: ___/___/___ TOTAL: ___YR. ___MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: _____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ___/___/___ TO: ___/___/___ TOTAL: ___YR. ___MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: _____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ___/___/___ TO: ___/___/___ TOTAL: ___YR. ___MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: _____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____

Period of Employment	Job Title and Most Important Duties	Employer Contact Information
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____YR. ____MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____YR. ____MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____ SALARY: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____

REFERENCES

I hereby authorize representatives of the City of Jackson to contact (unless noted in question #2, page 1), organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance in connection with this application for City employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to the City of Jackson.

REFERENCE NO. 1 (NAME) :			
Address (Mailing):	City:	State:	Zip:
Phone (Home):	Business:	Email:	
REFERENCE NO. 2 (NAME) :			
Address (Mailing):	City:	State:	Zip:
Phone (Home):	Business:	Email:	
REFERENCE NO. 3 (NAME) :			
Address (Mailing):	City:	State:	Zip:
Phone (Home):	Business:	Email:	

CERTIFICATE OF APPLICANT

Recheck the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of the City of Jackson. I further agree to be fingerprinted, to submit to a complete medical examination and, upon employment, to furnish such proof of age as may be required.

Signature: _____ Date: _____

The City of Jackson is an Equal Opportunity Employer

How did you find out about us?	<input type="checkbox"/> City website	<input type="checkbox"/> Jobs Available	<input type="checkbox"/> Sac Bee	<input type="checkbox"/> Stockton Record
	<input type="checkbox"/> Amador Ledger-Dispatch	<input type="checkbox"/> "Word of Mouth"	<input type="checkbox"/> Buy & Sell Press	<input type="checkbox"/> Craig's List
			<input type="checkbox"/> Other: _____	

ADDITIONAL SPACE FOR RESPONSES TO QUESTIONS 1-7 ON THE FIRST PAGE:

STATE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN REVIEWING YOUR APPLICATION:

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT
WITH THE CITY OF JACKSON**
Preserving our past, enriching our present, building our future