

City of Jackson  
**Parks, Recreation and Grounds Department**  
 161 W Michigan Avenue – 5<sup>th</sup> Floor  
 Jackson, MI 49201



# EMPLOYMENT APPLICATION

The City of Jackson does not discriminate on the basis of religion, race, color, national origin, age, sex, height, weight, disability, or marital status as to: access, availability, employment, or participation in any of its programs and activities.

## POSITION APPLYING FOR: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you 18 or Older?:  Yes  No Are you a Citizen of the US?:  Yes  No

Do you possess a valid Driver's License?:  Yes  No

## EDUCATION:

Last grade completed in High School: \_\_\_\_\_ High School Diploma?:  Yes  No GED?:  Yes  No

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Credit Hours Completed	Diploma, Degree, or Certificate	Dates Attended	
					FROM	TO

## CHECK AREAS YOU HAVE EXPERIENCE IN:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Certified Lifeguard | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Golf Starter |
| <input type="checkbox"/> Referee/Umpire      | <input type="checkbox"/> Scorekeeper     | <input type="checkbox"/> Maintenance  |
| <input type="checkbox"/> Camps               | <input type="checkbox"/> Landscaping     | <input type="checkbox"/> Instructor   |
| <input type="checkbox"/> Babysitting         | <input type="checkbox"/> Greenskeeping   | <input type="checkbox"/> Other: _____ |

**EMPLOYMENT RECORD:** Provide information regarding your employment history, starting with you present or most recent employer.

Employer:	Dates Employed: From:                      To:	Job Title:
Address:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Performed:
Phone:	Reason for leaving:	
Employer:	Dates Employed: From:                      To:	Job Title:
Address:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Performed:
Phone:	Reason for leaving:	
Employer:	Dates Employed: From:                      To:	Job Title:
Address:	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Performed:
Phone:	Reason for leaving:	

**REFERENCES:**

NAME	PHONE NUMBER	RELATIONSHIP

*I hereby certify that all statements made on or in connection with this application, including those regarding my training and/pr experience, are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omissions of material fact(s) may result in discipline up to and including forfeiture of all rights to employment by the City of Jackson.*

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Signature of Applicant