CITY OF JACKSON SKILLS RECORD

NAME:_____ E-MAIL:_____ DATE:_____

ADDRESS:_____
(Street) (City) (State) (Zip Code)

TELEPHONE:_____ ALTER. PHONE:_____ FAX:_____

Please check the job category below for which you would like to be considered and for which you are qualified, and give years of experience in that category.

_____Admin.	_____Yrs. Exper.	_____Fire/EMT Field	_____Yrs. Exper.
_____Clerical	_____Yrs. Exper.	_____Labor	_____Yrs. Exper.
_____Computers	_____Yrs. Exper.	_____Police Field	_____Yrs. Exper.
_____Data Process.	_____Yrs. Exper.	_____Recreation	_____Yrs. Exper.
_____Engineering	_____Yrs. Exper.	_____Trades	_____Yrs. Exper.
_____Equip. Opr*	_____Yrs. Exper.	_____Truck Driver*	_____Yrs. Exper.
		_____Other (explain below).	

Please choose one of the following: I am interested in: **Full-time**_____ **Part/Temp**._____ **Both**_____

What particular skills, training, and/or education do you have? (Please list **all** related previous experience.)

_____
_____
_____
_____

Note: CDL Class**_____ ***Endorsements_____

Side 2

By completing and submitting this card, I will be included in the City of Jackson's job skills bank for up to one year. If a position becomes vacant during that year, and the information provided by me indicates I may have the required skills and qualifications for the position, the City will notify me. The notification will be for the sole intent of offering me an opportunity to complete a formal application for the position. I understand the City reserves the right to evaluate my actual qualifications after I submit the application. I have reviewed the information on the reverse side of this card and certify that it is correct and complete. Any changes in address, phone number, etc. that may occur during this one year time period must be reported to the Personnel Office so that the necessary corrections can be made.

I am aware that this is **NOT** a formal job application.

_____ _____
Applicant Signature Date