CITY OF JACKSON, MICHIGAN
DIRECTIONS FOR COMPLETING APPLICATION

1. Some City jobs may require a Civil Service test. Civil Service Rules allow extra points to be added to an applicant’s test score for appropriate educational credits or work experience.

   a. In order to receive this extra credit for college, postgraduate, or special training, you must attach a copy of your transcript of credits or certificate(s) of completion to your application. You will be allowed up to five (5) days after the date of your application to attach this information.

   b. To ensure that proper credit is received for work experience, be specific about the type of work experience you possess, particularly if the work is similar to the work for which you are applying. Attach copies of any registrations, licenses or certificates, which are relevant to this application.

2. Your employment references will be checked. Be certain to indicate on the application if your current employer may be contacted. If not, explain why. You are responsible for providing the correct name, address, and telephone number of past employers and or supervisors. Your failure to provide this information may affect your application for work. If you were unemployed at any time, write “unemployed” in the employer section and indicate the dates of your unemployment. Attach additional sheets if there is not enough space to cover your entire work history.

3. Be certain to read the last paragraph of the application (page 3) before signing form.

4. All successful applicants for both part-time and full-time jobs may be required to satisfactorily complete a drug screen, and other pre-hire screenings.

5. After you have read these instructions, please sign, date and return this sheet with your completed application.

______________________________  ______________________________
Date:  Signature

Personnel Application
Revised 11/18
THE CITY OF JACKSON WILL PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO QUALIFIED PERSONS WITHOUT REGARD TO RACE, CREED, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, SEXUAL ORIENTATION, GENDER IDENTITY, FAMILY MEDICAL HISTORY AND GENETIC INFORMATION, DISABILITY, MARITAL STATUS, HEIGHT, OR WEIGHT AS REQUIRED BY APPLICABLE LAW. IF YOU NEED ANY ACCOMMODATIONS TO ALLOW YOU TO EFFECTIVELY PARTICIPATE IN THE APPLICATION AND/OR SELECTION PROCESS, PLEASE INFORM THE PERSONNEL DEPARTMENT STAFF REGARDING YOUR NEEDS.

Instructions: Please PRINT CLEARLY. If sufficient space is not provided on this form to give complete answers to certain questions, or if you wish to give pertinent information not specifically requested, please attach the additional information to this application.

Name in full: ___________________________ 

(Last) (First) (Middle) 

Title of position for which you are applying for: ___________________________ 

Street address: ___________________________ 

City and State: ___________________________ 

Zip Code: __________ Phone No.: __________ 

E-mail Address: ___________________________ 

Are you 18 years of age or older? Yes No 

If no, you will be required to complete a Work Permit, after offer of employment. 

Are you a citizen of the U.S.? Yes No 

If “No,” are you authorized to work in the U.S.? Yes No 

Are you a U.S. armed forces veteran? Yes No 

Identify branch of service: ___________________________ 

Served from: _______ To: _______ 

Are you currently a member of any military reserve organization? Yes No 

Specify: ___________________________ 

Will you be able to perform the position for which you are applying, with or without accommodation? Yes No 

List names of any relatives employed by the City of Jackson, giving their relationship to you and the departments in which they work. If you do not have relatives employed by the City, write “none.”

EDUCATION 

Last grade completed in high school: _______ 

High School Diploma: Yes No 

GED: Yes No 

Name of last high school attended: ___________________________ 

Location: ___________________________ 

Please list any formal education received in any college, university, business, trade, military, correspondence or other school:

<table>
<thead>
<tr>
<th>School Level</th>
<th>Name and Address of School</th>
<th>Course of Study</th>
<th>Credit Hours Completed</th>
<th>Diploma, Degree or Cert.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate College</td>
<td></td>
<td></td>
<td>Semester Term</td>
<td></td>
</tr>
<tr>
<td>Graduate or Professional</td>
<td></td>
<td></td>
<td>Semester Term</td>
<td></td>
</tr>
<tr>
<td>Technical or Other (Specify)</td>
<td></td>
<td></td>
<td>Semester Term</td>
<td></td>
</tr>
</tbody>
</table>

SPECIALIZED SKILLS 

Check all applicable skills and equipment operated: 

_____Calculator _____Graphics _____Backhoe 

_____PC _____MS Word _____Bulldozer 

_____Typewriter _____MS Excel _____Grader 

_____FAX _____AS400 _____Sweeper 

_____Access _____Commercial Truck 

_____Powerpoint _____Other: 

_____Other: 

Driver’s License No: ___________________________ 

Other licenses, registrations, certificates you possess:

__________________________________________ 

__________________________________________ 

__________________________________________
**EMPLOYMENT RECORD**: Provide information regarding your employment history, starting with your present or most recent employer. If you need more space to respond to this section, add additional sheets as necessary.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed From:</th>
<th>Dates Employed To:</th>
<th>Work Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number(s)</td>
<td>Hourly Rate/Salary Starting:</td>
<td>Final:</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td>Supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Leaving</td>
<td>If currently employed, are any precautions necessary in contacting your present employer?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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</table>

List names of professional and technical associations of which you are now a member. (Do not list organizations, which by name would indicate your political or union affiliations, or your race or nationality.)

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I hereby certify that all statements made on or in connection with this application, including those regarding my training and/or 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.

I hereby authorize an investigation by the City of my past employment, education, criminal history and personal activities, and statements on or made part of this application. I release from any and all liability or damages of any kind or nature all persons, companies, corporations, governmental entities and any of their employees supplying such information. I understand that such information may include a record of disciplinary action by a previous employer, and I hereby release such parties from any obligation to provide me with written notification of such disclosure as may be required by law.

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Rev. 11/18  Signature of Applicant __________________________
APPLICANT DATA RECORD

The City of Jackson is an Equal Opportunity Employer. The following questions are asked solely for statistical purposes as reporting procedures implemented by the City of Jackson. Your answers to these questions are completely voluntary and refusal to answer them will have no adverse effect on your application. These questions and answers are treated with confidentiality.

Name:__________________________________________________________

Address:________________________________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone:_________________________  Alternate Phone:_________________________

Email Address:_______________________________________________________

GENERAL INFO:

MALE       ____
FEMALE     ____
VETERAN   ____

RACE/ETHNIC GROUP:

AFRICAN AMERICAN/BLACK  ____
WHITE/CAUCASIAN        ____
HISPANIC              ____
ASIAN/PACIFIC ISLANDER ____
NATIVE AMERICAN       ____
OTHER                 ____

HOW WERE YOU REFERRED?

NEWSPAPER AD: (NAME PAPER) _______________________________________
CITY OF JACKSON WEBSITE: _______________________________________
OTHER WEBSITE: (PLEASE LIST) _______________________________________
OTHER METHOD _______________________________________

POSITION APPLIED FOR _______________________________________

TODAY’S DATE:_________________________

Revised 01/16