

APPLICATION FOR EMPLOYMENT CITY OF JACKSONVILLE

Position Desired			_ Date		
Name					
	Last		First	Mido	dle
Street					
Address					
	Street		City	State	Zip
Mailing					
Address					
	Street		City	State	Zip
Home		Message	Social		
Phone		Phone	Security#	E-M	ail

Are you a member of the Public Employees Retirement System (PERS)? Y or N If so, PERS#______

Have you ever been convicted of a felony? Y or N Of a misdemeanor involving moral turpitude? Y or N If "Yes" explain below the nature of the offense, date and location. (Exclude those cases processed in juvenile court and minor traffic violations). Convictions are evaluated in relation to the position.

EDUCATION TRAINING RECORD						
Name of School / Location	Total No o Sem	of Credit Hrs Qtr	Type of Training or Major	Name of Certificate or Degree Received		

LIST DRIVER'S LICENSE OR OTHER LICENSES OR CERTIFICATES REQUIRED BY THE ANNOUNCEMENT					
Title of License or Certificate	Number	Issuing Agency	Date Issued/Date Expired		

SKILLS AND ABILITIES: LIST ANY SKILLS YOU HAVE WHICH ARE PERTINENT TO THE POSITION

REFERENCES: WORK RELATED

1.				
	Name	Address	Phone	Occupation
2.				
	Name	Address	Phone	Occupation
3.				
	Name	Address	Phone	Occupation

List All Work Experience Including Military, Volunteer and Intern Experience

				(Attach Additiona	Pages if Necessary)		
Name of	Present Em	ployer		Kind of Business		Address	
Starting D Month	Date Year	Leaving D Month	ate Year	Salary \$		Phone	
				Volunteer		Reason for Leaving	
Job Title (Present or	Last)		Name of Supervisor Supervisor's Job Title		2	May we Contact?
Job Duties:							
Name of	Next Previo	us Employe	r	Kind of Business		Address	
Starting D Month	Date Year	Leaving D Month	ate Year	Salary \$		Phone	
				Volunteer		Reason for Leaving	
Job Title (Present or	Last)		Name of Supervisor	Supervisor's Job Title	2	May we Contact?
Job Duties:							
Name of Next Previous Employer		Kind of Business		Address			
Starting D Month	Date Year	Leaving D Month	ate Year	Salary \$		Phone	
				Volunteer		Reason for Leav	ving
Job Title (Present or	Last)		Name of Supervisor Supervisor's Job Titl		e May we Contact?	
Job Duties:							
Name of Next Previous Employer			r	Kind of Business		Address	
Starting DateLeaving DateMonthYearMonthYearYear		Salary \$		Phone			
				Volunteer		Reason for Leaving	
Job Title (Present or Last)			1	Name of Supervisor	Supervisor's Job Title	2	May we Contact?
Job Duties:				1			1

CITY OF JACKSONVILLE CONFIDENTIAL APPLICANT INFORMATION

The following information is necessary for the City of Jacksonville to monitor its hiring practices consistent with its commitment to further the principle of Equal Employment Opportunity and to prepare reports required by law for the State and Federal Government. **Providing this information is voluntary and will be kept confidential.**

Last Name			First Name	Middle Name			
Positio	on Applyin	g For	Application Date				
Sex:	Male	Female					
ETHN	IIC IDEN	TIFICATION (Please check	the <u>one</u> category that best	represents your ethnicity):			
		WHITE (Not of Hispanic or _Africa or the Middle East.	gin): All persons having origins in	n any of the original peoples of Europe, North			
		_ BLACK (Not of Hispanic or	igin): All persons having origins ir	n any of the black racial groups.			
		HISPANIC : All persons of I culture or origin, regardless		entral or South American, or other Spanish			
			-	s having origins in any of the original peoples through tribal affiliation or community			
			subcontinent, or the Pacific Island	in any of the original peoples of the Far East, ds. This area includes, for example, China,			
HOW	DID YOU	LEARN OF THIS EMPLOYM	ENT OPPORTUNITY? (Please sp	pecify source name)			
		Newspaper:					
		_ Website:					
		State Employment Office:					
	College Placement Office:						
		-					
				Walk-in:			