

**APPLICATION FOR EMPLOYMENT  
NON-CIVIL SERVICE POSITIONS  
CITY OF JACKSONVILLE, ALABAMA**

1. Position Applying For: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

May we contact you at work? Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_ 6. Are you a U.S. citizen? \_\_\_\_\_

7. Have you ever been convicted of any offense other than a minor traffic violation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in Space 8.

8. Use this space to explain any items in Spaces 1 - 7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Education: The city reserves the right to require proof of education credentials.

Name and address of high school: \_\_\_\_\_

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

High School Equivalency Diploma? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date and place granted: \_\_\_\_\_

Post-secondary education: Include all colleges, trade schools, business colleges, correspondence, etc.

Name and address of institution	Course or Major	Dates Attended	Degree/ Certif.
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Training (special courses, work-training programs, armed forces training). Give name and location, date, certificate awarded, subject matter, and any other details relevant to the job for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Experience: Start with your present or last job and work back listing all paid or unpaid, full or part-time work, military service performed during the last 10 years. Work performed more than 10 years ago may be listed if applicable to the position for which you are applying. Attach additional sheets if more space is needed.

May we contact your present or previous employer(s)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

PRESENT OR MOST RECENT EMPLOYER

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Immediate supervisor's name and telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary/Wages: \_\_\_\_\_ per \_\_\_\_\_. Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYER

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Immediate supervisor's name and telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary/Wages: \_\_\_\_\_ per \_\_\_\_\_. Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYER

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Immediate supervisor's name and telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Salary/Wages: \_\_\_\_\_ per \_\_\_\_\_. Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. References: List 3 reliable persons, not relatives or employers who know you well enough to provide information about you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

12. List special skills or abilities, licenses (including driver's), machines you operate, languages other than English in which speak and write well, typing speed, and any other information relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I understand that pre-employment drug screening is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CITY OF JACKSONVILLE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Jacksonville, Alabama, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U. S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Jacksonville, Alabama. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Social Security #