

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

# EMPLOYMENT APPLICATION



## City Manager's Office Human Resources Division

161 W. Michigan Ave. • Jackson, MI 49201  
Phone: (517) 788-4046 • Facsimile: (866) 522-9005

Email: [apply@cityofjackson.org](mailto:apply@cityofjackson.org)

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: \_\_\_\_\_ Title of position for which you are applying for: \_\_\_\_\_  
(Last) (First) (Middle)

Street address: \_\_\_\_\_

City and State: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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:

	Name and Address of School	Course of Study	Credit Hours Completed	Diploma, Degree or Cert.
Undergraduate College			Semester Term	
Graduate or Professional			Semester Term	
Technical or Other (Specify)			Semester Term	

### **SPECIALIZED SKILLS**

Check all applicable skills and equipment operated:

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Graphics   | <input type="checkbox"/> Backhoe          |
| <input type="checkbox"/> PC         | <input type="checkbox"/> MS Word    | <input type="checkbox"/> Bulldozer        |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> MS Excel   | <input type="checkbox"/> Grader           |
| <input type="checkbox"/> FAX        | <input type="checkbox"/> AS400      | <input type="checkbox"/> Sweeper          |
|                                     | <input type="checkbox"/> Access     | <input type="checkbox"/> Commercial Truck |
|                                     | <input type="checkbox"/> Powerpoint | <input type="checkbox"/> Other:           |
|                                     | <input type="checkbox"/> 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.**

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

Employer		Dates Employed From: To:	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting: Final:	
Job Title	Supervisor		
Reason for Leaving			

Employer		Dates Employed From: To:	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting: Final:	
Job Title	Supervisor		
Reason for Leaving			

Employer		Dates Employed From: To:	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary Starting: Final:	
Job Title	Supervisor		
Reason for Leaving			

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.)

*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.*

# 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: \_\_\_\_\_  
                    Number                    Street                    City                    State                    Zip

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: \_\_\_\_\_