



# APPLICATION FOR EMPLOYMENT CITY OF JACKSONVILLE

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### EDUCATION TRAINING RECORD

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

### 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

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### 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 Additional Pages if Necessary)**

Name of Present Employer				Address	
Starting Date Month    Year		Leaving Date Month    Year		Kind of Business	
				Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)			Name of Supervisor		Supervisor's Job Title
					May we Contact?
Job Duties:					

Name of Previous Employer				Address	
Starting Date Month    Year		Leaving Date Month    Year		Kind of Business	
				Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)			Name of Supervisor		Supervisor's Job Title
					May we Contact?
Job Duties:					

Name of Next Previous Employer				Address	
Starting Date Month    Year		Leaving Date Month    Year		Kind of Business	
				Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)			Name of Supervisor		Supervisor's Job Title
					May we Contact?
Job Duties:					

Name of Next Previous Employer				Address	
Starting Date Month    Year		Leaving Date Month    Year		Kind of Business	
				Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)			Name of Supervisor		Supervisor's Job Title
					May we Contact?
Job Duties:					

Signature \_\_\_\_\_ Date: \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER

**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.**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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Position Applying For \_\_\_\_\_ Application Date \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**ETHNIC IDENTIFICATION** (Please check the one category that best represents your ethnicity):

\_\_\_\_\_ **WHITE** (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ **BLACK** (Not of Hispanic origin): All persons having origins in any of the black racial groups.

\_\_\_\_\_ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **AMERICAN INDIAN or ALASKAN NATIVE** : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ **ASIAN or PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

**HOW DID YOU LEARN OF THIS EMPLOYMENT OPPORTUNITY?** (Please specify source name)

\_\_\_\_\_ Newspaper: \_\_\_\_\_

\_\_\_\_\_ Website: \_\_\_\_\_

\_\_\_\_\_ State Employment Office: \_\_\_\_\_

\_\_\_\_\_ College Placement Office: \_\_\_\_\_

\_\_\_\_\_ Jacksonville Bulletin Board: \_\_\_\_\_

\_\_\_\_\_ Jacksonville Employee: \_\_\_\_\_ Walk-in: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_