



CITY OF JASPER, TEXAS

465 S. Main / P. O. Box 610
Jasper, Texas 75951
Phone: (409) 384-4651 Fax: (409) 383-2205
e-mail: jwhitener@jaspertx.org

EMPLOYMENT APPLICATION

An Equal Opportunity - Affirmative Action Employer

Instructions. Please read the instructions before completing the application. All applications for employment with the City of Jasper must be made on this form. The entire application must be completed. **Incomplete applications will not be considered.** All information submitted is subject to verification. A false or misleading statement may result in your disqualification. Mail or bring your application to the Human Resources Office at the address listed above on or before the deadline date posted. **Your application will be valid only for the open position for which you have applied. Please print in ink unless completed by computer.**

SECTION 1	DEPARTMENT AND OPEN POSITION APPLYING FOR: <input style="width: 400px; height: 25px;" type="text"/>										
	PERSONAL DATA										
	NAME	Last	<input style="width: 150px;" type="text"/>	First	<input style="width: 150px;" type="text"/>	Mid	<input style="width: 100px;" type="text"/>	Other	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
	ADDRESS	Number & Street	<input style="width: 200px;" type="text"/>			City & State	<input style="width: 150px;" type="text"/>			Zip	<input style="width: 100px;" type="text"/>
PHONE	HM	<input style="width: 150px;" type="text"/>			WK	<input style="width: 150px;" type="text"/>			OTHER	<input style="width: 100px;" type="text"/>	

SECTION 2	EDUCATION AND TRAINING										
	Did you graduate from high school?		Highest grade completed:			Completed GED or equivalent?					
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input style="width: 80px;" type="text"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO					
	College										
	School Name	<input style="width: 250px;" type="text"/>				City, State	<input style="width: 150px;" type="text"/>				1
	Major Area Of Study	<input style="width: 150px;" type="text"/>			Diploma, Degree	<input style="width: 150px;" type="text"/>			Year	<input style="width: 50px;" type="text"/>	1
	School Name	<input style="width: 250px;" type="text"/>				City, State	<input style="width: 150px;" type="text"/>				2
	Major Area Of Study	<input style="width: 150px;" type="text"/>			Diploma Degree	<input style="width: 150px;" type="text"/>			Year	<input style="width: 50px;" type="text"/>	2
	School Name	<input style="width: 250px;" type="text"/>				City, State	<input style="width: 150px;" type="text"/>				3
	Major Area Of Study	<input style="width: 150px;" type="text"/>			Diploma Degree	<input style="width: 150px;" type="text"/>			Year	<input style="width: 50px;" type="text"/>	3
School Name	<input style="width: 250px;" type="text"/>				City, State	<input style="width: 150px;" type="text"/>				4	
Major Area Of Study	<input style="width: 150px;" type="text"/>			Diploma Degree	<input style="width: 150px;" type="text"/>			Year	<input style="width: 50px;" type="text"/>	4	



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SECTION 2

Other Education

Secretarial, Trade, Business, etc.

[Empty box for Other Education details]

Specialized Training

List any special training program or courses you have attended which you feel may add to your qualifications. List course, date, and institution (including Military training.)

[Empty box for Specialized Training details]

Special Certifications and Skills

List certifications and special skills (not listed above) you possess which you believe further qualify you for the position for which you are an applicant. (Include active technical, professional licenses, CDL licenses, numbers, certifications, memberships, etc.)

[Empty box for Special Certifications and Skills details]

SECTION 3

GENERAL INFORMATION

Dismissals and/or Forced Resignations

Have you ever been fired or forced to resign from any position? YES NO

If answer is 'Yes' to either of both of these questions, please explain below.

[Empty box for Dismissals and/or Forced Resignations explanation]

Conviction Record

If answer is 'Yes', give complete details on a separate sheet. A conviction will not automatically exclude you from employment consideration.

Have you ever been *convicted* of an offense in an adult court? YES NO

Previous employment with the City of Jasper

Have you ever been employed in any capacity by the City of Jasper? YES NO

If answer is 'Yes', please indicate the following

Title of Position Dates of Employment: From To

Do you have a relative employed by the City of Jasper? YES NO

If answer is 'Yes', please indicate the following

Name Position

Department Relationship

Please indicate the source from which you learned of this position

- Newspaper
- JasperTX.org website
- Employment Agency
- City Job Announcement
- Referred by City Of Jasper Employee
- Read posting / Inquired at City Hall
- Other:



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EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List all positions held, including military, part-time, summer, volunteer work, and any periods of unemployment. An explanation of any period of unemployment should be included under the item at the end of Section 4. Extra sheets may be used to include at least 15 years of previous employment history.

SECTION 4

Employer

Address City, State

Phone Employment Dates To From

Job Title Supervisor

Salary Starting Ending May We Contact? YES NO

Reason for Leaving

Briefly Describe the Nature and Duties of Your Position

Employer 1 (Current or Most Recent)

Employer

Address City, State

Phone Employment Dates To From

Job Title Supervisor

Salary Starting Ending May We Contact? YES NO

Reason for Leaving

Briefly Describe the Nature and Duties of Your Position

Employer 2

Employer

Address City, State

Phone Employment Dates To From

Job Title Supervisor

Salary Starting Ending May We Contact? YES NO

Reason for Leaving

Briefly Describe the Nature and Duties of Your Position

Employer 3



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SECTION 4

Explanations of any periods of unemployment between jobs

Please include dates: Use another sheet if needed

[Empty box for providing explanations of unemployment periods]

REFERENCES

List three persons who are not related to you by blood or marriage, and who have not been listed in Section 4, who can serve as a personal reference

Name	<input type="text"/>	Occupation	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Occupation	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Occupation	<input type="text"/>	Phone	<input type="text"/>

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that if any statement I have made prove false, misleading or erroneous may result in the rejection of my application or discharge from the City of Jasper employment. In submitting this application, I authorize the City of Jasper to obtain from my present employer (unless otherwise indicated in Section 4) and my past employers all data needed to support this application. I also understand that a criminal background check may be done on each applicant considered for interview. I further understand that this application becomes the property of the City of Jasper and will not be returned.

I also understand that Texas is an "at will" state and that I have the right to terminate my employment with the City of Jasper at any time without notice and for any reason. I also understand that the City of Jasper has this same right. I further understand that only the City Manager can enter into any employment contract which differs in any respect from the terms set forth here and only if in writing and signed by the Manager.

I understand that in connection with my employment application for the City, I will be required to take a physical and a drug test which will cost the City approximately \$100.00. I also agree that if I am employed, pending receipt of the test results, and that I should fail either the physical or the drug test and not be employable by the City, I authorize the City to deduct from my paycheck the sum of money which the City must expend for my physical and drug test.

Print Name

Date

Signature