

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

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.**

	DEPARTMENT AND OPEN POSITION APPLYING FOR:													
-	PERSONAL DATA													
SECTION	NAME	Last			First					Mid			Other	
	ADDRESS	Num & Str			City & State							Zip		
	PHONE	НМ		wк						OTHER				

\bigcap			EDUCA	ATION A	ND TRA	INING					
	Did you graduate from high school? YES NO Highest grad				leted:		Completed	GED or eq	uivalent?		
	College										
	School Name	Name					City, State				
	Major Area Of Study			Diploma, Degree				Year			
SECTION 2	School Name				City, State	e				2	
	Major Area Of Study			Diploma Degree				Year			
	School Name				City, State	e] ω	
	Major Area Of Study			Diploma Degree	-			Year			
	School Name				City, State	e				4	
	Major Area Of Study			Diploma Degree				Year			



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Secretarial, Trade, Business, etc. 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.) SECTION **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.) **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. **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 SECTION Title of Position Dates of Employment: From То 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 Referred by City Of Jasper Employee JasperTX.org website Read posting / Inquired at City Hall **Employment Agency** Other:

Other Education

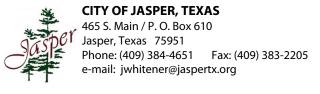
City Job Announcement



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An Equal Opportunity - Affirmative Action Employer

\bigcirc		EMPLOYMENT HISTORY											
	including	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.											
	Employer												
	Address				City, State								
	Phone				Employment To From								
	Job Title				Supervisor								
	Salary	Startin	ıg	Ending		May We Contact?	YES	NO	Employer 1 (Current or Most Recent)				
	Reason for	Leaving							st Rece				
	Briefly Describe the Nature and Duties of Your Position												
	Employer												
	Address				City, State								
SECTION 4	Phone				Employment To From								
SECT	Job Title				Supervisor								
	Salary	Startin	ıg	Ending		May We Contact?	YES	NO	Employer 2				
	Reason for Leaving												
	Briefly Deso Nature and of Your Po	d Duties											
	Employer												
	Address				City, State								
	Phone				Employmer Dates	t To	From						
	Job Title				Supervisor								
	Salary	Startin	ıg	Ending		May We Contact?	YES	NO	Employer 3				
	Reason for	Leaving											
	Briefly Deso Nature and of Your Po	d Duties											



4	Explanations of any periods of unemploymet between jobs Please include dates: Use another sheet if needed								
	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								
Nan	ne	Occupation	Phone						
Nan	ne	Occupation	Phone						
Nan	ne	Occupation	Phone						

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