

CITY OF JASPER

CIVIL SERVICE BOARD

APPLICATION FOR

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT

Job (Examination) Title _____

1. NAME _____

2. Date of Birth _____ SS Number _____

3. Driver's License Number _____ State _____

4. Address _____

City State Zip

5. Mailing Address:

City State Zip

6. EMAIL: _____

7. How do you prefer to be contacted? Email or US Mail (circle one)

8. Phone Numbers (area code) _____;
_____;

Reasonable Accommodations: City examinations may include written tests, interviews, physical abilities tests or other processes. Reasonable accommodation will be provided to applicants who need assistance to participate in the selection process. Please review the Selection Process of the Job Notice for the types of tests included in this examination.

9. Do you need a reasonable accommodation to participate in the selection process ? circle one: YES NO

10. If "yes" please describe the desired accommodation:

You will be contacted by telephone or by mail regarding your request for reasonable accommodation. If you have not previously done so, you will be required to provide written verification from an appropriate professional confirming your disability and appropriate accommodation.

11. Have you previously worked for the City of Jasper? _____
If "yes" complete the following:

From/To: _____ Dept/Title _____

12. Have you ever been fired or asked to resign in order to avoid being fired from a job? _____

If "yes" please complete the following (NOTE-Promotional applicants must list all probationary terminations while employed by the City but are not required to list terminations occurring prior to original City appointment if employed by the City for at least one year):

Employer's Name and Address:

Date and reason for discharge :

13. List any names used in the past, including names used in other records: _____

14. Have you served in the U.S. Military? _____

U.S. Military Service To receive military service credit of 5 points you must present proof of your honorable discharge and dates of active duty and/or proof of a military service connected disability along with your application.

15. Have you ever been convicted of anything other than a minor traffic ticket? _____ If yes, please list details including charge and the court:

List any other certificates or special training you have that may be helpful in this line of work:

WORK EXPERIENCE

BEGIN WITH YOUR MOST RECENT JOB – LIST EACH JOB SEPARATELY. List all jobs regardless of duration, including part-time, military service and any periods of unemployment during the last ten years. Also list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. City employees must use the correct civil service class title. If you have no work experience, indicate NONE. Please Note: Incomplete information will delay the processing of your application.

DATES	EMPLOYER	Duties
Month and year FROM: TO:	Name/Company:	Your Title:
Salary \$	Address	Duties performed:
Hours per week:	Supervisor Name	Reason for Leaving:

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Hours per week:	Supervisor Name	Reason for Leaving:

Use additional sheet if needed.

There may be special licenses or special courses and or college degree required for this examination. Please list those that you have, dates, and where you acquired them:

EDUCATION

High school and/or College(s) attended (completion dates; major course of study; Title of Degree/Certificate received:

Please read and initial the following three statements and sign and date the application .

As a condition of employment or promotion I understand that I will be required to undergo a drug /alcohol screening test prior to appointment and I must meet background and medical standards as well. _____ Initial

I also understand that this application, supplements and attachments become the property of the City of Jasper. _____ Initial

I acknowledge my responsibility to comply with any court-ordered child support obligations and understand that as an employee of the City of Jasper, my name and any other pertinent information requested will be provided to the Walker County District Attorney to assist in enforcement activities. _____ Initial

I certify that all statements on this application form and attachments are true and complete to the best of my knowledge. I understand that false, misleading or incomplete information shall be sufficient cause for disqualification or dismissal and other penalties as may be prescribed by law.

Signature

Date

JASPER CIVIL SERVICE BOARD

PO BOX 172

400 WEST 19TH STREET

JASPER ALABAMA 35502

205-221-8505

