

APPLICATION FOR: \_\_\_\_\_ City of Jasper

(Please complete front and back)

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

List any names used in the past, including names used in other records: \_\_\_\_\_

SS Number: \_\_\_\_\_ Drivers Lic# \_\_\_\_\_ State \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email: \_\_\_\_\_

How do you prefer to be contacted: US Mail Phone Email (circle one) Phone: \_\_\_\_\_

Do you need any reasonable accommodation to participate in this exam? \_\_\_ describe: \_\_\_\_\_

*You will be contacted by telephone or by mail regarding your request for reasonable accommodation. You will be required to provide written verification from an appropriate professional confirming your disability.*

Have you previously worked for the City of Jasper? \_\_\_ If yes, when: \_\_\_\_\_ Dept: \_\_\_\_\_

Are you currently a city employee: \_\_\_\_\_ Dept: \_\_\_\_\_

Have you ever been fired or asked to resign in order to avoid being fired from a job? \_\_\_ If "yes" 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: \_\_\_\_\_

Have you ever served in the U.S. Military? \_\_\_ Include a copy of your discharge papers (DD214)

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BEGIN WITH YOUR MOST RECENT JOB, LIST YOUR EMPLOMENT HISTORY:

DATE TO-FROM	EMPLOYER/COMPANY	YOUR TITLE	CITY/STATE	SUPERVISOR NAME	HOURS PER WK	DUTIES PERFORMED	REASON FOR LEAVING

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: \_\_\_\_\_

What High School did you attend? \_\_\_\_\_ City/state \_\_\_\_\_

College: \_\_\_\_\_ City/state \_\_\_\_\_ Degree \_\_\_\_\_

Major course of study \_\_\_\_\_ Certificate \_\_\_\_\_

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

1. As a condition of employment I understand that I will be required to undergo a drug/alcohol screening prior to appointment and I must meet background and medical standards as well. \_\_\_\_\_initial
2. I also understand that this application, supplements and attachments become the property of the City of Jasper. \_\_\_\_\_initial
3. 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 W 19<sup>th</sup> Street  
 Jasper, Alabama 35502  
 205-221-8505