



# APPLICATION FOR EMPLOYMENT

33 Broadway, Jackson, CA 95642 ☐ Telephone: (209) 223-1646

Date Received:

**INSTRUCTIONS:** This application must be submitted, typed or in ink, to Jackson City Hall. A separate application is required for each position for which you wish to apply. Acceptability for any interview or examination is based on the information in this application. An application completed in insufficient detail or in pencil will be rejected. The application and attachments once submitted cannot be returned. It is your responsibility to notify the City of any change of address. **A résumé will not be accepted in lieu of any portion of the standard City application**, but may be submitted as an attachment.

**EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**TYPE OF EMPLOYMENT:**     Full Time     Part-Time     Limited Duration     Extra Help

NAME	(First)	(Middle)	(Last)
MAILING ADDRESS	(City)	(State)	(Zip)
PHONE	Home:	Business:	Mobile:
E-MAIL ADDRESS			

READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS:	Yes	No
1. Can you, after offer of employment, submit verification of the legal right to work in the U.S.? (U.S. regulations require all employees hired after 11/06/86 to provide proof of legal status to be employed in the U.S.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you object to the City making inquiry of your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation, and the reason on the application. Cite all such cases in item 8.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been employed by the City of Jackson? If YES, give details in item 8.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a valid driver's license to operate a motor vehicle in California? _____	<input type="checkbox"/>	<input type="checkbox"/>
State - Type of License                      License Number                      Expiration Date		

6. SPACE BELOW IS PROVIDED FOR AN EXPLANATION IF NECESSARY, OF QUESTIONS 1-5. ADDITIONAL SPACE IS AVAILABLE ON THE LAST PAGE OF THE APPLICATION.

<b>FOR PERSONNEL DEPARTMENT USE ONLY:</b>	<b>Application Accepted?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If application is rejected, for what reason?</i>	Incomplete <input type="checkbox"/>	Late <input type="checkbox"/>	
Insufficient Experience <input type="checkbox"/>	Insufficient Education <input type="checkbox"/>	Other: _____	

## EDUCATION AND EXPERIENCE

Please read the Minimum Qualifications described in the job announcement carefully before completing the sections below. The information you provide will allow us to determine whether you meet the Minimum Qualifications. Résumés CANNOT be substituted for completing the sections below in their entirety.

**EDUCATION:** Do you possess a High School Diploma or G.E.D.?: Yes  No

Name & Location of College, University, or Trade School	Major Area of Study	Completed Units (✓ to indicate semester or quarter units)	Degree Received	Date Completed
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
		# of units	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	

### Certificates of Training, Licenses, or Professional Registration

Description:	Date Issued:	Registration #:
Description:	Date Issued:	Registration #:

\* Please list any additional training, licenses or professional registration on an attached sheet or resume.

If this position requires typing, please indicate speed: \_\_\_\_\_

**EXPERIENCE:** Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.

Period of Employment	Job Title and Most Important Duties	Employer Contact Information
FROM: ___/___/___ TO: ___/___/___ TOTAL: ___Yr. ___Mo. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ___/___/___ TO: ___/___/___ TOTAL: ___Yr. ___Mo. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ___/___/___ TO: ___/___/___ TOTAL: ___Yr. ___Mo. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: _____ DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____

Period of Employment	Job Title and Most Important Duties	Employer Contact Information
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____YR. ____MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____: DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____
FROM: ____/____/____ TO: ____/____/____ TOTAL: ____YR. ____MO. FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ NO. SUPERVISED: ____: DUTIES: _____	EMPLOYER: _____ ADDRESS: _____ SUPERVISOR: _____ PHONE NO.: _____ REASON FOR LEAVING: _____

**REFERENCES**

I hereby authorize representatives of the City of Jackson to contact (unless noted in question #2, page 1), organizations (including employers and schools) and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits, such as attendance in connection with this application for City employment. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I also authorize the individuals or organizations contacted to release the above information to the City of Jackson.

<b>REFERENCE NO. 1 (NAME) :</b>			
Address (Mailing):	City:	State:	Zip:
Phone (Home):	Business:	Email:	
<b>REFERENCE NO. 2 (NAME) :</b>			
Address (Mailing):	City:	State:	Zip:
Phone (Home):	Business:	Email:	
<b>REFERENCE NO. 3 (NAME) :</b>			
Address (Mailing):	City:	State:	Zip:
Phone (Home):	Business:	Email:	

**CERTIFICATE OF APPLICANT**

Recheck the application to be sure it is complete and read the following carefully before signing. Applicant must sign personally.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of the City of Jackson. I further agree to be fingerprinted, to submit to a complete medical examination and, upon employment, to furnish such proof of age as may be required.

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

The City of Jackson is an Equal Opportunity Employer

How did you find out about us?	<input type="checkbox"/> City website	<input type="checkbox"/> Jobs Available	<input type="checkbox"/> Sac Bee	<input type="checkbox"/> Stockton Record
<input type="checkbox"/> Amador Ledger-Dispatch	<input type="checkbox"/> "Word of Mouth"	<input type="checkbox"/> Buy & Sell Press	<input type="checkbox"/> Craig's List	<input type="checkbox"/> Other: _____

ADDITIONAL SPACE FOR RESPONSES TO QUESTIONS 1-7 ON THE FIRST PAGE:

STATE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN REVIEWING YOUR APPLICATION:

**THANK YOU FOR YOUR INTEREST IN EMPLOYMENT  
WITH THE CITY OF JACKSON**  
*Preserving our past, enriching our present, building our future*

**CITY OF JACKSON**

**33 BROADWAY**

**JACKSON, CA 95642**

**APPLICATION FOR EMPLOYMENT - JACKSON SWIMMING POOL**

**POSITION OF LIFEGUARD - SWIM INSTRUCTOR**

1. Name:

Birthdate:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
(Month/Day/Year)

2. Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZipCode

3. Phone Number:

\_\_\_\_\_  
(mobile)

\_\_\_\_\_  
(Home)

4. Indicate the expiration date on the following certificates you possess:

Lifeguard Training :

\_\_\_\_\_  
First Aid/ AED Certification :

\_\_\_\_\_  
CPR for Professional Rescuer:

**Please attach a photocopy of all certificates**

5. Experience: List all work experience in connection with swimming pools, swimming, and life saving. Give dates and place of employment.

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

6. List all previous employment since beginning high school (or community service experiences).

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7. List two adults who will submit letter of recommendation/ reference calls.  
(1)

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(2)

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8. Education

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**The above statements are true and correct to the best of my knowledge and belief.**

Dated:

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Signature of Applicant :

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