

City of Jasper

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

| | | | |
|------------------------|-------------|---------------------|----------|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. () | REFERRED BY | | |

EMPLOYMENT DESIRED

| | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE? | WHEN? |

EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|------------------------------------------|----------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | |

GENERAL INFORMATION

| | |
|-----------------------------------------------------------------------|------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS | |
| | |
| | |
| U.S. MILITARY OR NAVAL SERVICE | RANK |

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

**CITY OF JASPER
STATEMENT ON THE COLLECTION OF
SOCIAL SECURITY NUMBERS**

The City of Jasper collects your social security number for the following purposes:

- 1) Classification of Accounts
- 2) Identification and verification
- 3) Credit worthiness
- 4) Billing and payments
- 5) Data collection, reconciliation, tracking, benefit processing, tax reporting
- 6) Employment
- 7) Record search

I, _____ acknowledge that the City of Jasper
collects my social security number for the above purposes.

Signature

Date

City of Jasper



DATE:

I, _____ D.O.B _____ SS# _____

Do hereby authorize the Jasper Police Department to do a background check on me. I
Also authorize the results to be released (if applicable) to the DOC/HCI for the purpose
of verifying that "I am eligible and qualified to supervise inmates." The results will be
attached to my record with the City of Jasper.

Applicant _____

ID _____

Notary _____