STUDENT SEASONAL EMPLOYMENT APPLICATION

City of Jacksonville

Position applied for:			If younger than 18, date of birth:				
Last Name:		First Name:			Middle Name:		
Address: Email Address:							
Social Security No.:			Phone No.:				
In case of emergency, contact:	Name:		Phone:			Relationship:	
Have you ever been discharged from a job? (If "Yes", please explain on back)							
		EDUCA	ATION:				
High School: 1 2 3 4 College: 1 2 3 4 Degree earner						Major:	
EMPLOYMENT HISTORY:							
Employer (Most Recent):							
Address:							
Title:			Duties:				
Reason for leaving:			Number of years employed:				
Employer:							
Address:			•				
Title:			Duties:				
Reason for leaving:				Number of years employed:			
		REFER	ENCES:				
1.		·					
2.							
3.							
I hereby certify that the statements on this application or any other em						ents or misrepresentations, as stated or implied, e for dismissal if hired.	
I understand that the City of Jacksonville is in no way obligated to provide employment and that I am in no way obligated to accept employment with the City of Jacksonville. Nothing in this application, or any prior or subsequent oral statements or any other City of Jacksonville policies, procedures or practices, are intended to create a contract of employment, expressed or implied, or to create my rights in the nature of a contract of employment.							
	thout notice, except as may be ville and that policies and pro	be specified in applicable collective	ve bargaining	agreements. I also	understand that,	f Jacksonville to terminate my employment for if hired, I am required to abide by all rules and ime.	
Signature:					Date:		