



FAX COVER SHEET

TO: CITY OF JACKSONVILLE
Human Resources Division
FAX # 904-630-8240

Total number of pages (including cover sheet)

FROM: NAME (Exactly as it appears on your Social Security Card)

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WRITE THE JOB POSTING NUMBER EXACTLY AS IT APPEARS ON THE JOB NOTICE:

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DAYTIME PHONE NUMBER:

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SOCIAL SECURITY NUMBER:

SOCIAL SECURITY NUMBER

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DOCUMENTS ATTACHED: (Please make sure your name and S.S. # appear on each document).

- DD 214
- TRANSCRIPT
- RESUME
- FIREFIGHTER CERTIFICATE OF COMPLIANCE
- EMT/ PARAMEDIC
- OTHER