

City of Unalaska Employment Application

City of Unalaska
P.O. 610
Unalaska, AK 99685
(907) 581-1251

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The City of Unalaska is a "Drug Free Workplace".

(PLEASE PRINT)

Note: Application must be completed. Resumes may not be substituted.

Position(s) applied for:

Date of Application

Last Name		First Name		Middle Name or Initial	
Physical Address	Number	Street	City	State	Zip
Mailing Address			City	State	Zip
Telephone Number(s) Day: _____			Social Security Number		
Message: _____					

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date Yes No

Have you ever been employed with us before? If Yes, give date Yes No

Do you have a valid Driver's License? Yes No

If Yes, State: _____ Driver's License Number: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Family member employed by the City of Unalaska? Yes No

If Yes, Name/Relationship _____

Department _____

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: _____

All applications will be kept on file for 90 days.

Employment Experience

Start with your present or last job. If you need additional space, please continue on a separate sheet of paper.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

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Education

	Name & Location	Course of Study	Years Completed	Diploma or Degree
College(s)				
Business/Trade/Technical				
High School				

Indicate any foreign languages you can speak, read, and/or write

Language: _____ Speak Read Write

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal race, color, religion, gender, national origin, disabilities or other protected status.

Other Qualifications

Summarize special job-related skills, qualifications or additional information acquired from employment or other experience that you may feel would be helpful in considering your application.

Specialized Skills

Check Skills/Equipment Operated/Licenses

	Software Programs (list)	Production/Mobile Machinery (list):	Other (list):
___ PC	_____	_____	___ CDL License
___ Calculator	_____	_____	_____
___ Typewriter	_____	_____	_____
___ PBX System	_____	_____	_____

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References

Do not list family members.

1. _____ (_____) _____
(Name) (Phone #)

(Address)

2. _____ (_____) _____
(Name) (Phone #)

(Address)

3. _____ (_____) _____
(Name) (Phone #)

(Address)

Applicant's Statement

I certify that the information I have entered on this form is true and complete to the best of my knowledge. I have read the minimum qualifications for this job class and believe that I am qualified. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I deliberately conceal or enter false information on this form, that I may be removed from my job; that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the City of Unalaska for either employment or the provision of any benefits; that information in this application may be released in an authorized legal investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I agree that the City of Unalaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT ONLY

Arranged interview Yes No

Remarks: _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

REV. 1/98

NOTES:

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