



## CITY OF UNALASKA Application Form

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.**

Date of Application

Position applied for:

Last Name		First Name		Middle Name or Initial	
Physical Address	Number	Street	City	State	Zip
Mailing Address	Number	Street	City	State	Zip
Telephone Number(s) Day:			Telephone Number(s) Evening:		
Email:					
How did you know about this job opportunity?					
<input type="checkbox"/> City of Unalaska Website		<input type="checkbox"/> Friend		<input type="checkbox"/> Alaska Municipal League	
<input type="checkbox"/> Local Organizations		<input type="checkbox"/> Online (Website _____)		<input type="checkbox"/> KUCB/Channel 8	
				<input type="checkbox"/> Other (Please specify: _____)	

**Thank you for your interest in serving the citizens of Unalaska!**

**Please answer the following questions. Write N/A if not applicable.**

Can you provide the required proof of your eligibility to work (i.e., over the age of 18, work, work permit, proof of citizenship or immigration status, etc.)?

☐ Yes ☐ No

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_

☐ Yes ☐ No

Have you ever been employed by us? If Yes, give date \_\_\_\_\_

☐ Yes ☐ No

Do you have a valid Driver's License?

☐ Yes ☐ No

If Yes, State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Can you obtain an Alaska Driver's License, if required, for the position applied?

☐ Yes ☐ No

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

Do you have family member/s employed by the City of Unalaska?

☐ Yes ☐ No

If yes, Name/Relationship \_\_\_\_\_

Department \_\_\_\_\_

Have you been convicted of a misdemeanor or felony within the last 7 years?

☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: \_\_\_\_\_



## 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 of Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

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

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

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

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



EDUCATION

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

SKILLS AND TRAINING

Please answer the following questions. Write N/A if not applicable.

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 revealing 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 help consider your application.

\_\_\_\_\_

\_\_\_\_\_

Specialized Skills:      Check Skills/Equipment Operated/Licenses

	Software Programs (list)	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC	_____	_____	_____
<input type="checkbox"/> Calculator	_____	_____	_____
<input type="checkbox"/> Typewriter	_____	_____	_____
<input type="checkbox"/> PBX System	_____	_____	_____



## REFERENCES

Please provide at least three (3) references. Do not list family members.

Name	Address	Contact Number

## 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 HUMAN RESOURCES ONLY

Arranged interview ☐ Yes ☐ No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed? ☐ Yes ☐ No Date of Employment: \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date