

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: | | | Telephone number Evening: | | |
| Email: | | | | | |
| How did you learn of this job opportunity? ___ City of Unalaska Website ___ Friend ___ Alaska Municipal League ___ On-line (Website _____) ___ Local Organizations ___ Other: _____ | | | | | |

Thank you for your interest in serving the citizens of Unalaska

Can you provide required proof of your eligibility to work (i.e., over the age of 18, work, workpermit, 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 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 able to 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

Family member 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: _____

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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