

Application for Employment

City and Borough of Sitka
An Equal Opportunity Employer
100 Lincoln Street
Sitka, AK 99835

Human Resources (907) 747-1816 FAX: (907) 747-1846

Position Applied For	Date
----------------------	------

The following information is requested to help us make the best possible placement of employees within the municipality. **Complete all portions of this application.** We appreciate the time you spend completing this application. The employer, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, mental or physical disability, veteran status, citizenship, or any other protected classification.

- Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

Applicant Information

Last Name	First Name	Middle Name		
Residence Address	Street	City	State	Zip Code
Mailing Address	Street	City	State	Zip Code
Telephone Number	Email Address	Social Security Number		

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

Are you prevented from lawfully becoming employed in this country because of your Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Do you have a valid Alaska Drivers License? Yes No *If yes, please provide number* _____

Date available to work? _____

Are you available to work: *Full Time* ____ *Part Time* ____ *Temporary* ____

If the position requires, are you willing to work the following schedules established by the City and Borough of Sitka? (Answer "yes" or "no") *Evenings* ____ *Nights* ____ *Weekends* ____ *Holidays* ____

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the last five years? Yes No

If yes to one or both of the above questions, you must explain on a separate piece of paper and attach it to this application, even if you received a suspended imposition of a sentence.

Conviction will not necessarily disqualify an applicant from employment.

Employment History

May we contact your present employer?

Yes No

Most Recent Employer			Address	Telephone
Date Started	Starting Salary	Per	Starting Position	
	\$			
Date Left	Salary on Leaving	Per	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employer			Address	Telephone
Date Started	Starting Salary	Per	Starting Position	
	\$			
Date Left	Salary on Leaving	Per	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employer			Address	Telephone
Date Started	Starting Salary	Per	Starting Position	
	\$			
Date Left	Salary on Leaving	Per	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employer			Address	Telephone
Date Started	Starting Salary	Per	Starting Position	
	\$			
Date Left	Salary on Leaving	Per	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Include explanation of any gaps in employment.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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 gender, race, religion, national origin, age, ancestry, disability or other protected status:

List professional, trade or business licenses held.

Additional Information

State any additional information you feel may be helpful to us in considering your application.

Summarize special job-related skills and qualifications from employment or other experience.

Note to Applicants:

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE REVIEWED THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. PLEASE SEE JOB DESCRIPTION.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

References

Do not include family members or past supervisors.

Name	Phone Number	Occupation
1.		
2.		
3.		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

This application for employment shall be considered active for a period of 45 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.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Administrator.

I understand that if hired, I may be required to undergo a physical examination, have a photograph taken, and drug and alcohol test either if my job requires a CDL, or if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle, or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, an/or behavior. The examination and the test will be performed at the employer's expense, by the employer's representative.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Signature of Applicant

Date

City and Borough of Sitka

Equal Employment Opportunity Survey

Last Name	First Name	Middle Initial	Social Security Number

Position Applied For	Date

To All Applicants

The information requested on this page is necessary for the City and Borough of Sitka to comply with the regulations of Alaska State Commission for Human Rights. This information will not be seen by the hiring board for any jobs that you are applying for, it will be kept confidential and be available only to Federal and State personnel legally charged with administering Civil Rights Laws and Regulations. However, statistical information compiled from records on age, sex and race shall be made available to the public.

Age Information

Your Age	Date of Birth

Race, Ethnicity and Gender Information

	Female	Male
Alaskan Native	_____	_____
American Indian	_____	_____
Asian or Pacific Islander	_____	_____
Black	_____	_____
Hispanic	_____	_____
White	_____	_____

Definitions of Racial/Ethnic Groups

The racial/ethnic groups for Federal and State reporting purposes are defined as follows:

Alaskan Native~ Any person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida or Tsimshian origin.

American Indian~ Any person having origins in any of the original peoples of North America (not including Alaska) and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander~ Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

Black~ Any person having origins in any of the Black racial groups of Africa (not of Hispanic origin).

Hispanic~ Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White~ Any person having origins on any of the original people of Europe, North Africa or the Middle East (not of Hispanic origin).