



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"/> KUCB/Channel 8		
<input type="checkbox"/> Local Organizations	<input type="checkbox"/> Online (Website _____)		<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

	Name & Location	Course of Study	Years Completed	Diploma or Degree
College (s)				
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks: _____ _____	
Interviewer: _____ Date: _____	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment: _____	
Job Title _____ Hourly Rate/Salary _____ Department _____	
_____ Name and Title	_____ Date