

Application For Employment

710 Mill Bay Road, Room 219, Kodiak, AK 99615 — (907) 486-8640



Individuals who need accommodation during the application process should request this in advance so necessary arrangements can be made.

The City considers applicants for all positions without regard to gender, race, religion, national origin, age, ancestry, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print or Type

Position(s) Applied For		Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other			
Last NameFirst Name	Middle Name	
Mailing Address	<i>P.O. Box or House Number and Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s)	Social Security Number <i>optional</i>		

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 the City before? Yes No
 If Yes, give date _____

Have you ever been employed with the City before? Yes No
 If Yes, give date _____

Are you related to a City employee? Yes No
 If Yes, give name _____

Are you currently employed? Yes No
 If Yes, may we contact your present employer? Yes No

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

On what date would you be available for work? _____

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

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify you from employment.

If yes, please explain _____

THE CITY IS AN EQUAL OPPORTUNITY EMPLOYER

Unsolicited employment applications are not accepted and will be destroyed if received.

Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Circle Highest Year Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Indicate Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills, and																	
Describe any honors you have																	
State any additional information you feel may be helpful to us in																	

Describe any specialized training, apprenticeship, language, or other skills:

List professional, trade, business, or civic activities and offices held. *You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, handicap or other protected status.*

Additional Information

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied?

Yes No

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, handicap, or other protected status.*

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate or Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate or Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate or Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate or Salary		
	Job Title	Supervisor	Starting	Final	
Reason for Leaving					

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References

Give name, address, and telephone number(s) of three references who are not related to you and are not previous employers:

1.	Name	Phone No.
	Address	
2.	Name	Phone No.
	Address	
3.	Name	Phone No.
	Address	

Emergency Contact

In the case of an accident or illness please contact:

Name	Phone No.
Address	Relationship

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Kodiak is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Kodiak.

I understand unsolicited employment applications are not accepted and will be destroyed if received.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Remarks: _____
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interviewer _____ Date _____
Job Title _____	Date of Employment _____	Hourly Rate/Salary _____	Department _____
	By _____	_____	Date _____
	Name and Title		