

City of Ketchikan, Alaska

Application for Employment

Date Received:

Please return to: Marie K. Miller - Human Resource Manager 334 Front Street Ketchikan, Alaska 99901

Dear Applicant;

Thank you for your interest in the City of Ketchikan's employment opportunities. Your application will be considered with others in competition for the position. It is the policy of the City of Ketchikan to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, sex, age, national origin, creed, physical or mental disability, marital or veteran status or citizenship status of a person otherwise authorized to work in the United States, or any other basis prohibited by statute. This policy applies to all phases of full, part-time, temporary and seasonal employment.

Please type or print legibly in dark ink. The information that you supply will be used to determine how well you meet the qualifications. Be as specific as possible. **You are encouraged to include a resume but the resume cannot be substituted for a completed application.**

Position :	Full Name:
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Available for work/check all that apply: __ Monday - Friday __ 7am - 5pm __ Saturdays __ 3 pm - 12 am __ Sundays __ 12 am - 8 am	Telephone Numbers Residence: Business/Message:
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Mailing Address:	Date Available:
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Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> no Since:	Where did you hear about this opening	Social Security Number:
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Qualifications Summary: Office Use Only					
Qualifying Education:	<input type="text"/>	Years	<input type="text"/>	Months	<input type="checkbox"/> Credit/Semester Hours
Years and Months of Experience:	<input type="text"/>	Years	<input type="text"/>	Months	
Years and Months of Related Experience:	<input type="text"/>	Years	<input type="text"/>	Months	
Meets Minimum Qualifications	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Please answer yes or no to the following questions. If you answer "yes" to 7, 8, or 9 or if you answer "no" to 1, 3 or 10: provide an explanation on a separate sheet of paper. If the job description that you were provided does not require a drivers license then leave number one blank or enter NA for not applicable.

- 1. Do you have a valid Alaska drivers license? CDL type and No. _____
- 2. Do you have any needs that might necessitate accommodation in the application/interview process?
Describe the needed accommodation: _____
- 3. Are you a US citizen or legally eligible to accept employment in the US?
- 4. Have you ever been employed by the City of Ketchikan?
Position _____ Department _____ Dates _____
- 5. Are you related through blood, marriage or adoption to anyone currently working for the City? Such relationship is not automatically disqualifying.
Name: _____ Relationship: _____
- 6. Are you related to the Mayor, a member of the City Council or the City Manager? These relationships are disqualifying.
- 7. Have you ever been discharged or asked to resign?
- 8. Have you ever been convicted of a misdemeanor?
- 9. Have you ever been convicted of a felony? Conviction records do not automatically disqualify applicants.
Certain positions require criminal background checks.
- 10. Are you of legal age to hold employment in the US?

Education: If the position for which you are applying requires a college degree, then arrange for transcripts to be forwarded to the Human Resource office as soon as possible.

Type of School	Name/Address of School	Degree Earned	Dates Attended	Major Course of Study
High School or GED			Leave Blank	
Accredited College or University				
Graduate School				
Technical School				

List any correspondence courses, workshops, training, certifications that might relate to this position and **are not** reflected in the preceding course work.

Professional Certifications, Registrations or Licenses :			
1.Title	Issued by:		
Registration number:	Date issued:	Expiration date:	
2.Title	Issued by:		
Registration number:	Date issued:	Expiration date:	
3.Title	Issued by:		
Registration number:	Date issued:	Expiration date:	

List Professional Organizations where you are a member and any offices you may have held.		
Organization:	Office:	Dates Held:
_____	_____	_____
Organization:	Office:	Dates Held:
_____	_____	_____
Organization:	Office:	Dates Held:
_____	_____	_____

<p>Employment History: Please account for all employment during the past ten years. Current or most recent employment first. Duplicate this section as needed in order for you to supply all employment information requested.</p>
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Your Job Title:			
Dates Employed: From: / / To: / /		Employer and address:	
Reason for leaving:		Supervisor's name/title:	
Starting Salary:	Ending Salary:	Supervisor's Phone Number:	
May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Hours Worked per week:	Major Duties and Responsibilities:	
Number of employees you supervised?			
If you supervised, did you have the authority to: ___ recruit ___ interview ___ hire ___ evaluate ___ discipline ___ discharge?			

Your Job Title:	
Dates Employed: From: / / To: / /	
Reason for leaving:	
Starting Salary:	Ending Salary:
May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Hours Worked per week:
Number of employees you supervised?	
If you supervised, did you have the authority to: ___ recruit ___ interview ___ hire ___ evaluate ___ discipline ___ discharge?	
Employer and address:	
Supervisor's Name/title:	
Supervisor's Phone Number:	
Major Duties and Responsibilities:	

Your Job Title:	
Dates Employed: From: / / To: / /	
Reason for leaving:	
Starting Salary:	Ending Salary:
May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Hours Worked per week:
Number of employees you supervised?	
If you supervised, did you have the authority to: ___ recruit ___ interview ___ hire ___ evaluate ___ discipline ___ discharge?	
Employer and address:	
Supervisor's Name/title:	
Supervisor's Phone Number:	
Major Duties and Responsibilities:	

Duplicate as often as needed. Feel free to include volunteer work, internships and any other unpaid experience that may relate to the position you are seeking.

Certification and Release

I certify that the answers on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, any omission or concealment of facts, could disqualify me from consideration for employment, cause any offers of employment to be withdrawn and constitutes grounds for immediate dismissal should I have become employed by the City.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Manager and written offers are signed by all parties. The City shall not be liable for any reliance on any oral or written offers made to me without proper authorization. I also understand that applications, resumes and attachments are public records and therefore can be made available for inspection and copying according to the City's policies.

In connection with this application I hereby authorize any and all former employers, organizations where I have volunteered and references named to release to the City and its agents any and all information both public and private. I understand that the City will use this information to determine in part my fitness for the position I am applying for. This authorization expires one year from the date signed.

I hereby release the City and all former employers or their agents, volunteer organizations and references, for any and all liability of whatever nature incurred by reason of requesting or providing such information.

Notice:

Read the preceding statements carefully before signing. Applications that are not signed will be returned to the applicant as incomplete.

Signature: _____ Date: _____

DEAR NEW EMPLOYEE:

AS PART OF THE CITY OF KETCHIKAN'S AFFIRMATIVE ACTION PROGRAM AND AS PART OF THE CITY'S EFFORTS TO COMPLY WITH VARIOUS STATE AND FEDERAL LAWS AND REGULATIONS RELATING TO EQUAL OPPORTUNITY EMPLOYMENT, WE NEED CERTAIN INFORMATION ABOUT YOU.

YOU ARE *NOT REQUIRED* TO ANSWER THE FOLLOWING QUESTIONS. IF YOU DO, THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL, WILL NOT BECOME PART OF YOUR PERSONNEL RECORD, NOR WILL IT BE AVAILABLE FOR GENERAL ACCESS.

IF YOU CHOOSE NOT TO ANSWER THE QUESTIONS, IT WILL NOT REFLECT ON YOUR PRESENT OR FUTURE OPPORTUNITIES WITH THE CITY OF KETCHIKAN.

PLEASE RETURN THIS FORM TO PERSONNEL WHEN YOU HAVE EITHER ANSWERED THE QUESTIONS OR SIGNED THAT YOU PREFER NOT TO ANSWER.

1. Name: _____

2. Sex: Female _____ Male _____

3. Race/Ethnic group:

White _____ Black _____ Asian American _____

American Indian _____ Hispanic _____

4. Vietnam Era Veteran: _____

Disabled veteran (disability rated at 30% or more): _____

5. Handicapped: _____

6. Birthdate: _____

Signature

Date

I prefer not to answer the above questions: _____