## *Employment Application*

## **City of Akutan**

Position applying for:

EMPLOYEE INFORMATION									
Name:									
First		Middle	I	_ast					
Telephone:	Email:		Alternate te	elephone:					
Address:									
Are you able to perform the es the position with or without ac Yes No If necessary for the job are yo	r <b>the job, I am able to</b> ?? I Alaska Driver's License It the following: Issu	☐ Yes ? ☐ Yes	□ No □ No						
14 15 16 (Cł	Туре:								
18 19 21   I am legally eligible for employ   Yes No	ment in the U.S.?	Endorseme	Endorsement(s): Hazardous Material Passengers Tankers Tank with Hazardous Materials School Bus Double/Triple trailers						
I am seeking a permanent position: 🗌 Yes 🗌 No Work the following shifts: (check all that apply)									
I will be able to report to work    Any    Day    Night    Swing    Rotating									
	EMPI	LOYMENT HIS	TORY						
List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. Please attach resume to employment application.									
Employer name and address:	Position title/duties, sk	ills:		Start date:	End date:				
				Reason for I	eaving:				
Pay: \$									
Per:	Supervisor:	Telepho	ne:						
Employer name and address:	Position title/duties, sk	ills:		Start date:	End date:				
				Reason for I	eaving:				
Pay: \$									
Per:	Supervisor:	Telepho	ne:						
Employer name and address:	Position title/duties, sk	ills:		Start date:	End date:				
				Reason for I	eaving:				
Pay: \$									
Per:	Supervisor:	Telepho	ne:						
Employer name and address:	Position title/duties, sk			Start date:	End date:				
				Reason for I	eaving:				
Pay: \$	Supervisor	Talanka	<b>n</b> o:						
Per:	Supervisor:	Telepho							

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Summarize other employment related to this job:

EDUCATION									
	Institution name	Years completed	Field	d of study	Graduate or degree				
High school College/university Business/technical Additional									
MILITARY									
Are you a veteran?  Yes  No    Duty/specialized training:									
SKILLS & QUALIFICATIONS									
Other qualifications such as special skills, abilities or honors that should be considered:									
Types of computers, software, and other equipment you are qualified to operate or repair:									
Professional licenses, certifications or registrations:									
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:									
Typing speed: per minute									
REFERENCES									
List two personal references who are not relatives or former supervisors.									
Name	Address	7	Telephone	Occupation	Years known				
Name	Address	1	Telephone	Occupation	Years known				
CONTACT									
In case of accident or illness, please contact: Name:				Daytime phone:					
Address: Relationship:					tionship:				
INFORMATION TO THE APPLICANT									

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant