

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agent Other

Name _____
Last First Middle

Address _____
P.O. Box or Street Name and Number City State Zip Code

Telephone (_____) _____ Social Security Number _____
Area Code

Date of Birth: _____ Driver's License Number: _____

If employed and you are under 18, can you furnish a work permit YES NO

Have you filed an application here before? YES NO

Have you ever been employed here before? YES NO

Are you employed now? 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

Are you on lay-off and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you ever been convicted of a felony within the last 7 years? NO YES

(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

THE CITY OF UNALAKLEET IS AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Salary/Rate Starting Final		
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Salary/Rate Starting Final		
Supervisor				
Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Salary/Rate Starting Final		
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Reason for Leaving				
Employer	Telephone	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Salary/Rate Starting Final		
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Are You a Veteran of the U.S. Military Service? YES NO

If YES, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

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

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.

This application for employment shall be considered active for a period of time not to exceed 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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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 employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview YES NO Remarks: _____

Employed YES NO Date of Employment: _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate From the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

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Position(s) Applied For _____

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 Employment Agency Other _____

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Last First Middle

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P.O. Box or Street Name and Number City State Zip Code

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: American Indian/Alaska Native Asian/Pacific Islander
 White Black Hispanic

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual