



CITY OF UNALAKLEET

Application for Employment

P.O. Box 28
Unalakleet, AK 99684
Ph: (907) 624-3531
Fax: (907) 624-3130
E-mail: admin@unk.gov

Position Applying For: _____ Date of Application: ____/____/____

Available for Work: ____/____/____

Referral Source:

☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Agency ☐ Other

Applicant First Name:	M.I.	Applicant Last Name:
Mailing Address:		City & Zip:
Phone Number:	E-mail Address:	
Date of Birth: ____/____/____	Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State/No.: _____	

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 us before? ☐ Yes ☐ No (If Yes, date of application: _____)

Have you ever been employed with us before? ☐ Yes ☐ No (If Yes, dates of employment: _____)

What type of work are you available for? ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Can you travel if the job requires? ☐ Yes ☐ No Are you on lay-off and subject to recall? ☐ Yes ☐ No

Are you a U.S. Military Veteran? ☐ Yes ☐ No If Yes, which branch? _____

Are you prevented from lawfully being employed due to visa or immigration status? ☐ Yes ☐ No (Verified upon hire.)

Have you been convicted of a felony in the last 7 years? ☐ Yes ☐ No (Conviction will not necessarily disqualify applicant)

If Yes, explain:

Are you employed now? ☐ Yes ☐ No Does your current supervisor know you have applied? ☐ Yes ☐ No

Do you request the City of Unalakleet delay contacting your current employer? ☐ Yes ☐ No

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.

Employment Experience

Start with your present or last job. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, or other protected status. Please have your resume attached with job duties.

Employer:		Dates Employed: ____/____/____ to ____/____/____ (month) (year) (month) (year)	
Last Job Title:	Supervisor:	Phone Number:	
Hourly Rate/Salary (circle one) Starting: _____ Final: _____	Reason for Leaving:		

Employer:		Dates Employed: ____/____/____ to ____/____/____ (month) (year) (month) (year)	
Last Job Title:	Supervisor:	Phone Number:	
Hourly Rate/Salary (circle one) Starting: _____ Final: _____	Reason for Leaving:		

Employer:		Dates Employed: ____/____/____ to ____/____/____ (month) (year) (month) (year)	
Last Job Title:	Supervisor:	Phone Number:	
Hourly Rate/Salary (circle one) Starting: _____ Final: _____	Reason for Leaving:		

Employer:		Dates Employed: ____/____/____ to ____/____/____ (month) (year) (month) (year)	
Last Job Title:	Supervisor:	Phone Number:	
Hourly Rate/Salary (circle one) Starting: _____ Final: _____	Reason for Leaving:		

Employer:		Dates Employed: ____/____/____ to ____/____/____ (month) (year) (month) (year)	
Last Job Title:	Supervisor:	Phone Number:	
Hourly Rate/Salary (circle one) Starting: _____ Final: _____	Reason for Leaving:		

Special Skills & Qualifications

If not listed on your resume, list skills, qualifications, and certificates acquired from employment or other experience relevant to the position you are applying for: _____

Indicate languages other than English you may speak, read, write, or understand:

Language	Extent of Knowledge	Proficiency
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Understand	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Understand	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Understand	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

If not on your resume, list professional, trade, business, or civic activities and offices held (*you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status*):

References

If not on your resume, give three references who are not immediate family and are not previous employers:

Name	Phone Number	E-mail Address

Education & Training

Highest level/degree completed:

<input type="checkbox"/> Some high school (highest grade_____)	<input type="checkbox"/> HS Diploma/GED	<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelor
<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Professional/Master	<input type="checkbox"/> Doctoral

Year HS Diploma/GED Completed: _____ Location (name/city, state): _____

Complete this section only if this is not included in a resume.

College/University <i>Undergraduate</i>	Name:	Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Other	Year: _____
	City/State:	Major:	
College/University <i>Graduate</i>	Name:	Degree: <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> PhD	Year: _____
	City/State:	Major:	
Other Training	Name:	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____ / ____
	City/State:	Certification:	

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

**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 indicate:

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed:

NOTE: All applications for permanent employment must include a letter of interest and a resume.

Please indicate you have attached both documents: ☐ Letter of Interest ☐ Resume

Applicant 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 understand 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 unemployment, 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:

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. This will be kept in a confidential file separate from the application for employment. **Though appreciated, your cooperation is voluntary.**

Date:	Position Applied For:				
Referral Source:					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Agency	<input type="checkbox"/> Other

First Name:	M.I.	Last Name:
P.O. Box or Street Name & Number:		City, State, Zip:

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran, and other protected statuses of applicants. This data is for analysis and possible affirmative action only. Submission of information is voluntary.		
Check One:	Check if any of the following are applicable:	Race/Ethnic Group:
<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Female	<input type="checkbox"/> Handicapped Individual	<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White