

Human Resources Department PO Box 329, Petersburg, AK 99833 Phone (907)772-5404 Fax (907)772-3759 Email: bregula@petersburgak.gov

Application for Employment

Position(s) Applying For				
Last Name	First Name		Middle Name	
Mailing Address				
Physical Address				
Telephone Number	Email Address			
Do you have a valid Alaska Dri	ver's License? Yes	No License/ID) #	
Are you 18 years of age or older	r? Yes No	If no, provide date of	birth:	
Are you a citizen of the United	States or authorized to work in t	he United States?	Yes No	
Where did you learn of this job	opportunity? (Please circle all th	nat apply)		
Borough Website Word of m	nouth Newspaper	Facebook	Other:	
information is provided. If Yes	nust be legible, signed and dated is selected on any section of the r your application will not be co	criminal conviction pa		
	es, and employment is available on and/or interview process show	_		
I agree to submit to any testing	and physical and/or mental exan	nination that the Peters	sburg Borough may require.	
Through my signature below, I hereby affirm and attest to the truthfulness and accuracy of the information I have provided herein, and hereby consent to and authorize the Petersburg Borough, as part of the procedure of processing this application, to conduct a criminal history background check, and to verify my past employment, education information, and driving record (if applicable). I understand that the criminal history background check may include my prior places of residence.				

Signature



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Criminal History				
Full Legal Name:				
The information you provide below is required in order to submit a completed application.				
Failure to answer the questions below will disqualify you from the application process. Failure to disclose information ruthfully may impact your ability to apply for future positions at the Petersburg Borough.	ion			
The information you disclose will be reviewed by the Human Resource/Clerk's Office.				
*A conviction may not be an absolute barrier to employment.				
Have you ever been convicted of, or pled no contest or entered an Alford plea to, a criminal offense, including but not limited to, any felony, misdemeanor, violation, or infraction under federal, state or local law? Yes No If yes, provide dates and describe in full:	ıg			



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Education

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High School				
School Name	Address	Diploma/Degree Received		
School Name	College/Vocational Schools Address	Diploma/Degree Received		
Additional Certifications or l	Licenses			
	Employment History			
May we contact your current	employer? Yes No			
Current Employer Name	Address	Phone Number		
Start Date	Job Title	Beginning Wage		
End Date (If applicable)	Name/Title of Supervisor	Current Wage		
Job Duties/Responsibilities				
Reason for Seeking Other Er	nployment			

Past Employment

Employer Name	Address	Phone Number
Start Date	Job Title	Beginning Wage
End Date	Name/Title of Supervisor	Ending Wage
Job Duties/Responsibili	ties	·
Reason for Leaving		
Employer Name	Address	Phone Number
Employer Name	Address	Thone runnoer
Start Date	Job Title	Beginning Wage
End Date	Name/Title of Supervisor	Ending Wage
Job Duties/Responsibili	tion	
Job Duties/Responsibili	ties	
Reason for Leaving		
_		
Employer Name	Address	Phone Number
Start Date	Job Title	Beginning Wage
Start Date	Job Title	Degining wage
End Date	Name/Title of Supervisor	Ending Wage
Job Duties/Responsibili	ties	
Reason for Leaving		
Attach	additional paper if you would like to provide ac	lditional employment history
Explanation of any gaps	in employment (optional)	



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Address History

Please provide your current and previous addresses for the last (7) years.

Current Address

Street Address	City, State	Zip Code	Length of Time at Address
Previous Address(es)			
Street Address	City, State	Zip Code	Length of Time at Address
		7: 0 1	
Street Address	City, State	Zip Code	Length of Time at Address
Street Address	City, State	Zip Code	Length of Time at Address
Street Address	City, State	Zip Code	Length of Time at Address
Street Address	City, State	Zip Code	Length of Time at Address
Street Address	City, State	Zip Code	Length of Time at Address
Street Address	City, State	Zip Code	Length of Time at Address
Street Address	City, State	Zip Code	Length of Time at Address

Attach additional paper if previous addresses for the last (7) years do not fit in the above provided space.



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References

Please provide at least 3 references who are not family members.

Name	Phone Number	Relationship		
	Additional Information			
Provide any additional information	that you feel may be helpful in t	he consideration of your	· applicati	on.
Have you read the job description(s) for the	ne position(s) for which you are a	applying?	Yes	No
If yes, are you capable of performing the job duties with or without reasonable accommodation?			Yes	No
	DOT Covered Positions			
Have you previously participated in a drug	and alcohol testing program as	required by the U.S.		
Department of Transportation?			Yes	No
If your answer to the preceding question is	Yes, were you ever tested?		Yes	No
If your answer to the preceding question is			more that	n 0.04
alcohol concentration, or refused to test on a drug or alcohol test for a DOT-covered or safety sensitive position?			Yes	No
If your answer to the preceding question is Yes, please provide information regarding the positive test or refusal to test, the date of the positive test result or refusal to test, and any Return-to-Duty and Follow-up				usal to