

Signature

(Digital signatures will not be accepted)

## **Petersburg Borough**

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

Date

1

#### **Application for Employment**

| Position(s) Applying For   |   |                           |                          |  |  |
|--|---|---------------------------|--------------------------|--|--|
| Last Name  | First Name  | N                         | Iiddle Name              |  |  |
|  |   |                           |                          |  |  |
| Mailing Address  |   | •                         |                          |  |  |
|  |   |                           |                          |  |  |
| Physical Address   |   |                           |                          |  |  |
| Telephone Number   | Email Address   |                           |                          |  |  |
| Telephone (vamoe)  | Email Address   |                           |                          |  |  |
| Do you have a valid Alaska Dri   |   | No License/ID #           |                          |  |  |
| Are you 18 years of age or olde  | r? Yes No   | If no, provide date of b  | irth:                    |  |  |
| 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 check all that apply)   |   |                           |                          |  |  |
| Borough Website Word of n  | nouth Newspaper   | Facebook                  | Other:                   |  |  |
| All sections of the application must be legible, signed and dated. Use additional sheets if necessary to ensure all information is provided. If Yes is selected on any section of the criminal conviction page, a complete and accurate explanation must be provided or your application will not be considered.   |   |                           |                          |  |  |
| 1 5  | es, and employment is available<br>on and/or interview process show |                           | 1 0                      |  |  |
| I agree to submit to any testing   | and physical and/or mental exan                                     | nination that the Petersb | urg 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. |   |                           |                          |  |  |

Printed Name



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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 truthfully may impact your ability to apply for future positions at the Petersburg Borough. 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:



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## Education

|                                | High School                |                         |
|--------------------------------|----------------------------|-------------------------|
| School Name                    | Address                    | Diploma/Degree Received |
|                                |                            |                         |
|                                | College/Vocational Schools |                         |
| School Name                    | Address                    | Diploma/Degree Received |
|                                |                            |                         |
|                                |                            |                         |
|                                |                            |                         |
|                                |                            |                         |
|                                |                            |                         |
| Additional Certifications or I | Licenses                   |                         |
|                                |                            |                         |
|                                |                            |                         |
|                                |                            |                         |
|                                |                            |                         |
|                                | Employment History         |                         |
| 34                             | 1 0 V N.                   |                         |
| 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 En    | nployment                  |                         |
|                                |                            |                         |

## Past Employment

| Employer Name            | Address  | Phone Number                  |
|--------------------------|--|-------------------------------|
|                          |  |                               |
| Start Date               | Job Title  | Beginning Wage                |
|                          |  |                               |
| End Date                 | Name/Title of Supervisor                         | Ending Wage                   |
|                          |  |                               |
| Job Duties/Responsibilit | ties   | •                             |
|                          |  |                               |
| Reason for Leaving       |  |                               |
|                          |  |                               |
|                          |  |                               |
| Employer Name            | Address  | Phone Number                  |
|                          |  |                               |
| Start Date               | Job Title  | Beginning Wage                |
|                          |  |                               |
| End Date                 | Name/Title of Supervisor                         | Ending Wage                   |
| Job Duties/Responsibilit | ties   |                               |
| 1                        |  |                               |
| Reason for Leaving       |  |                               |
|                          |  |                               |
|                          |  |                               |
| Employer Name            | Address  | Phone Number                  |
|                          |  |                               |
| Start Date               | Job Title  | Beginning Wage                |
|                          |  |                               |
| End Date                 | Name/Title of Supervisor                         | Ending Wage                   |
|                          |  |                               |
| Job Duties/Responsibilit | ties   | 1                             |
|                          |  |                               |
| Reason for Leaving       |  |                               |
|                          |  |                               |
| * ^ 441-                 | a.44:4:1   | 1.1:4:                        |
| Attacn                   | additional paper if you would like to provide ad | iditional 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 |
|                      |             |          |                           |
| 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             |              |         |  |
|---|--|--------------------------|--------------|---------|--|
|   |  |                          |              |         |  |
|   |  |                          |              |         |  |
|   |  |                          |              |         |  |
|   |  |                          |              |         |  |
| Provide any additional information  | Additional Information that you feel may be helpful in the | he consideration of your | applicati    | on.     |  |
| , v   | <i>y y</i> 10  |                          |              |         |  |
| Have you read the job description(s) for the position(s) for which you are 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 Yes, have you ever tested positive for prohibited drugs, more than 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 test, the date of the positive test result or re  |  |                          | test or refu | ısal to |  |
|   |  |                          |              |         |  |