

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 F	`or				
Last Name	. Fi	First Name		Middle Na	
Mailing Address					
Physical Address					
Telephone Number	Er	mail Address			
Do you have a valid Ala Are you 18 years of age Are you a citizen of the	or older? United States or author	Yes No orized to work in	If no, providenthe United Stat	cense/ID # e date of birth:	No
Where did you learn of Borough Website W	3 11 7	(Please circle all ewspaper	that apply) Facebook	Other:	
All sections of the appli information is provided explanation must be pro	. If Yes is selected on	any section of th	ne criminal conv		•
Easy access to program accommodation to the a	_	-	_		equiring reasonable
I agree to submit to any	testing and physical a	and/or mental exa	amination that th	ne Petersburg Borou	igh may require.
Through my signature have provided herein, of processing this applemployment, educatio background check ma	and hereby consent lication, to conduct a n information, and d	to and authoriz criminal histor lriving record (i	e the Petersbur y background of f applicable). I	g Borough, as par check, and to verif	t of the procedure y my past

Printed Name



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

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:



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

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)	
, , ,		



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

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.



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

References

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

Name	Phone Number	Relationship				
Provide any additional information	Additional Information Provide any additional information that you feel may be helpful in the consideration of your application.					
, v	<i>y y</i> 10					
Have you read the job description(s) for the position(s) for which you are applying?				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?		1 0010104 01 541019	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		