



City of Seldovia

P.O. Drawer B, Seldovia, Alaska 99663
 Phone: (907) 234-7643, Fax: (907) 234-7430
 Email: cityclerk@cityofseldovia.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position Applied For: _____ Date of Application: _____

Last Name	First Name	Middle Name	Social Security Number
Address		City	State Zip Code
Work Phone Number	Home Phone Number		

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", give date _____

Have you ever been employed with us before? Yes _____ No _____

 If "Yes", give date _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes _____ No _____

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____ Shift Work _____ Temporary _____

Are you currently in "lay-off" status and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____

Education:

	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other/Specify				

Employment: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employer From: To:	
	Address		
	Telephone Number(s)	Hourly Rate/Salary Starting:	
	Job Title	Supervisor	
	Reason for Leaving		
2.	Employer	Hourly Rate/Salary Starting: Final:	
	Address	Supervisor	
	Telephone number(s)		
	Job Title	Dates Employed From: To:	
	Reason for Leaving		

3.	Employer		
	Address	Hourly Rate/Salary - Starting: Final	
	Telephone Number(s)	Supervisor	
	Job Title		
	Reason for Leaving	Dates Employed From: To:	
4.	Employer		
	Address	Hourly Rate/Salary Starting: Final:	
	Telephone Number(s)	Supervisor	
	Job Title		
	Reason for Leaving		

Additional Information:

List professional, trade, business or civic activities and offices held.
 You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: Check Program Skills/Equipment Operated

_____ Copy Machine	_____ Fax	Machinery (list):	Other (list):
_____ PC	_____ Excel	_____	_____
_____ Calculator	_____ Access	_____	_____
_____ Typewriter	_____ MS Word	_____	_____

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

See attached Resume

Note to applicants:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References:

1. _____ () _____
Name Phone #

(Address)
2. _____ () _____
Name Phone #

(Address)
3. _____ () _____
Name Phone #

(Address)

Applicants 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

