

**City of Gustavus
Employment Application**

Adopted May 10, 2012

City of Gustavus

PO Box 1
Gustavus, AK 99826
Tel. 907-697-2451
Fax. 907-697-2136

The City of Gustavus considers 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. The City of Gustavus is a drug-free and smoke-free workplace.

Note: Application must be completed. Resumes may not be substituted.

(Please Print)

Position(s) applied for:	Date of application:
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Last Name	First Name	Middle Name
List any other names you may have used:		
Physical Address (Number Street City State Zip)		
Mailing Address		
Telephone Numbers (landline, cellular, message)		

Proof of citizenship or immigration status will be required upon employment.

Question	Yes	No
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you ever filed an application with us before? If yes, date:		
Have you ever been employed by the City of Gustavus before? If yes, date:		
Do you have a valid Driver License? If yes, State: _____ License # _____		
Are you currently employed?		

Applicant Name _____

Question	Yes	No
May we contact your present employer?		
Family member employed by the City of Gustavus? If so, give name and relationship		
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) If yes, please explain:		

Are you available to work (circle as applicable) :
 Full-time Part-time Temporary

When would you be able to start work? _____

Employment or other job-related work experience:

Start with your present or last position. If you need additional space, please continue on a separate sheet of paper. Job-related work experience may include volunteer work, internships, etc.

Dates:	From (mm/dd/yy)	To (mm/dd/yy)
Name of firm/agency:		
Address:		
Phone:	E-mail:	
Position Title:	Supervisor:	
Final hourly rate/salary _____		
Duties:		
Reason for leaving:		

Applicant Name _____

Dates:	From (mm/dd/yy)	To (mm/dd/yy)
Name of firm/agency:		
Address:		
Phone:		E-mail:
Position Title:		Supervisor:
Final hourly rate/salary_____		
Duties:		
Reason for leaving:		

Dates:	From (mm/dd/yy)	To (mm/dd/yy)
Name of firm/agency:		
Address:		
Phone:		E-mail:
Position Title:		Supervisor:
Final hourly rate/salary_____		
Duties:		
Reason for leaving:		

Applicant Name _____

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Address:		
Phone:		E-mail:
Position Title:		Supervisor:
Final hourly rate/salary_____		
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Applicant Name _____

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Final hourly rate/salary_____		
Duties:		
Reason for leaving:		

Dates:	From (mm/dd/yy)	To (mm/dd/yy)
Name of firm/agency:		
Address:		
Phone:		E-mail:
Position Title:		Supervisor:
Final hourly rate/salary_____		
Duties:		
Reason for leaving:		

Applicant Name _____

Additional References

(Please do not list past employers mentioned above or family members.)

- | |
|-----------------------------------|
| 1. (Name, phone, mailing address) |
| 2. (Name, phone, mailing address) |
| 3. (Name, phone, mailing address) |

Applicant acknowledges and agrees that the City of Gustavus may contact any or all of the individuals identified above, as well as any or all of the Applicant’s previous employers identified herein, to discuss matters pertaining to this application.

Education

Level	Name, Location	Course of Study/ Training	Dates of Enrollment (Month/Year)	Diploma/ Degree (Date)
College				
Business, Trade, or Technical				
High School				

Specialized Skills

Describe any specialized training, skills, professional certifications, licenses, or qualifications:
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Applicant Name _____

Certification Statement

To be considered for employment, an applicant must include a signed and dated certification that states as follows:

I certify that the information I have entered on this form is true and complete to the best of my knowledge. I have read and understand the position description for this job, a copy of which is attached to and made a part of this application. I believe that I am qualified to assume and perform the duties and responsibilities of this position. I understand that if I deliberately conceal or enter false information on this form, that I may be removed from my job; that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the City of Gustavus for either employment or the provision of any benefits; that information in this application will become part of the public record; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I hereby authorize the City of Gustavus, or its agents, to contact the references I provided as part of this application in order to obtain additional information relevant to my position- related background, education, skills and abilities. I understand that, prior to making any offer of Page **7** of **7** employment; the City of Gustavus may request my authorization to conduct a confidential background check to obtain additional information relevant to this employment application.

Signature of Applicant

Date

For City of Gustavus Use Only

Arranged interview: Yes___ No___

Remarks:

Interviewer _____

Date _____

Employed: Yes___ No___ Date of Employment _____

Position Title

Hourly Rate/Salary

Department

By

If applicant is hired, this application will be placed in the personnel file.