

# CITY OF CRAIG

Office of the City of Craig, 500 3<sup>rd</sup> St. Craig, Alaska 99921  
P.O. Box 725

(907)826-3275  
Fax (907)826-3278

## EMPLOYMENT APPLICATION

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

NAME: Last, First, Middle Initial _____	Social Security Number _____
MAILING ADDRESS: _____	
RESIDENCE ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____
<input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time	
Date you are available for work: _____	

The City of Craig is an equal employment opportunity employer.

Have you ever been employed by the City of Craig?  Yes  No

Are you a United States Citizen?  Yes  No

Are you a resident of City of Craig?  Yes  No

Are you 18 years of age or older?  Yes  No

If you are less than 18 years old, what is your birth date? \_\_\_\_\_

Have you been convicted of a misdemeanor within the past five years?  Yes  No

If yes, describe in full \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, describe in full \_\_\_\_\_

Relatives by blood or marriage employed by the City of Craig:

Name	Relationship	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATION**

Did you graduate from high school or receive a GED? \_\_\_ Yes \_\_\_ No  
 If you answered "no" above, please give highest grade completed: \_\_\_\_\_

Please list below any high school, college or vocational training you have had. In addition, if you have had courses you feel are applicable to the position for which you are applying please list by name and course number.

Name and Address of School	Dates Attended From To	College Hours Completed	Year Graduated	Degree Received or Major

Please list any machines or equipment you can operate: \_\_\_\_\_

Please list all Hardware and Software you can operate: \_\_\_\_\_

This is to certify that I can type \_\_\_\_\_ words per minute.

This is to certify that my key strokes per/minute for ten key is \_\_\_\_\_.

**PLEASE GIVE EMPLOYMENT HISTORY FOR PAST TEN YEARS, STARTING WITH PRESENT POSITION. PLEASE USE A SEPARATE PAGE FOR ANY ADDITIONAL WORK HISTORY.**

From: \_\_\_\_\_ Employing Firm: \_\_\_\_\_

To: \_\_\_\_\_ Firm Address: \_\_\_\_\_

Hrs. Per Week: \_\_\_\_\_ Firm Telephone: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Title: \_\_\_\_\_

Number Supervised: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

From: \_\_\_\_\_ Employing Firm: \_\_\_\_\_

To: \_\_\_\_\_ Firm Address: \_\_\_\_\_

Hrs. Per Week: \_\_\_\_\_ Firm Telephone: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Title: \_\_\_\_\_

Number Supervised: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

From: \_\_\_\_\_ Employing Firm: \_\_\_\_\_

To: \_\_\_\_\_ Firm Address: \_\_\_\_\_

Hrs. Per Week: \_\_\_\_\_ Firm Telephone: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Title: \_\_\_\_\_

Number Supervised: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

From: \_\_\_\_\_ Employing Firm: \_\_\_\_\_

To: \_\_\_\_\_ Firm Address: \_\_\_\_\_

Hrs. Per Week: \_\_\_\_\_ Firm Telephone: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Title: \_\_\_\_\_

Number Supervised: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Do you have a valid Alaska driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License # \_\_\_\_\_

Commercial Driver's License # \_\_\_\_\_

PERSONAL REFERENCES (Please do not list former employers or relatives)

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS BY APPLICANT: Please feel free to comment on anything else you feel is pertinent to your application.

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I hereby certify, to the best of my knowledge, the information given on this application is true and complete. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of application, removal from eligible lists or removal from employment. I further authorize reasonable investigation of my personal history, as it relates to my capability to hold the position, and work record.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR EMPLOYERS USE ONLY

### REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

### TEST RESULTS

Tests Administered	Raw Score	Rating	Analysis and Comments

### INTERVIEW RESULTS

Interviewer Name and Comments