



*City Of Craig*  
**DMV Agent & Craig EMS  
Admin Clerk**  
Applicant Instructions



Please follow all directions in completing the application.

Complete Application and the Information Release form. You must answer every question, if a question does not apply in your case, it should be marked N/A.

All answers shall be hand written using black or blue ink. Do not leave any space empty.

Before returning your application, you should ensure that the following forms are completed and enclosed:

- Craig Police Department & EMS Application
- Birth Certificate
- High School Diploma or GED
- Military DD 214 Form ( If you have prior Military experience)
- Full frontal Photograph of applicant from floor to head.
- Signed and Notarized:  Application Last Page  
 Information Release Form

**IMPORTANT:** Applications that have not been **signed** by the applicant, have not been **notarized**, or are **incomplete** will not be considered.

Return your application to: ***Craig Police Department  
Attn: Applications  
P.O. Box 25  
506 Second Street  
Craig, Alaska 99921***

All applications will be reviewed for acceptance and you will be notified of any scheduled test or interviews. **PLEASE DO NOT MAKE REPEATED CALLS INQUIRING ABOUT YOUR APPLICATION OR STATUS.**



**City of Craig DMV Agent & EMS Clerk  
Application For Employment**

Date Received
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**PERSONAL INFORMATION**

Last Name		First name			Middle Int.
Date of Birth	Soc. Sec No.		Place of Birth		
Spouse Name				Date of Birth	
Present Address					
Home Phone No.			Work Phone No.		
Sex	Height	Weight	Hair Color	Eye Color	Drivers License No. & State
<b>Position Applied For:</b> DMV Agent <input type="checkbox"/> Dispatcher <input type="checkbox"/> Admin Clerk <input type="checkbox"/> EMT <input type="checkbox"/>					
Salary Desired		Current Employer			
Current Position				May We Contact Your Employer / No.	
Referred By				Date You Can Start	
Have You Ever Applied With The Craig Police Department Before, If yes When					

**EDUCATION AND TRAINING**

Name And Location of School	Years Attended	Date Graduated
High School		
College Attended		
Trade or Business School		
Foreign Languages Spoken Fluently	Read	Write

**GENERAL**

U.S. Military Service		Enlistment Date	Separation date
Primary MOS or Job Title			Rank At Separation
Computer Knowledge / Experience		Office Equipment	
Any Other Skills			

## EMPLOYMENT HISTORY

Please list all past employment starting with the most current and go back ten years.

From Date	Name & Address of Employer	Why Did You Leave
To Date		Job Title
Salary	Supervisor	Phone No.

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From Date	Name & Address of Employer	Why Did You Leave
To Date		Job Title
Salary	Supervisor	Phone No.

Have you ever been discharged, asked to resign, furloughed, put on inactive status for cause, or subject to disciplinary action while in any position ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain.

**ILLICIT DRUG USE & ALCOHOL USE**

Do you now or have you ever used illicit (Illegal) drugs, including marijuana ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please complete the following

Name of Drug	Number of Times Used	Date Last Used

Have you ever been treated or received counseling for drug use or abuse ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please complete the following

Date	Place/Length of Time	Name of Provider

Have you ever used, or have you ever consumed alcoholic beverages ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please complete the following

Age When First Used	Frequency & Amount	Current Habits

Have you ever been treated or received counseling for alcohol abuse or alcoholism ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please complete the following

Date	Place/Length of Time	Name of Provider

**HEALTH RECORD AND INSURANCE**

list any and all illnesses for which you have received medical treatment for during the past five (5) years.

Number of Days	Illness or Operation	Month & Year	Name & Address of Provider

Number of day you were ill during the past five (5) years

Have you ever been examined or treated for any mental or emotional disorders ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please complete the following.

Physician	Month & Year	Physicians Address & Phone No.

Have you any physical handicaps, chronic decease or disabilities ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please list below

Have you ever had a nervous breakdown ? Yes \_\_\_\_\_ No \_\_\_\_\_

**ARREST, DETENTION AND LITIGATION**

Have you every been arrested or detained by a Law Enforcement Agency ? Yes \_\_\_\_ No \_\_\_\_

Have you or your spouse every been involved in a Criminal or Civil Action (Including Traffic Violations) ? Yes \_\_\_\_ No \_\_\_\_

Have you ever been fingerprinted for any reason ( Arrest or Employment) ? Yes \_\_\_\_ No \_\_\_\_

**If you answered yes to any of the above questions, please explain below listing dates and locations.**

Empty table with 5 rows for providing details of arrests or legal actions.

**Please check your application to ensure that all questions have been answered. Applications and Release of Information form must be signed and notarized prior to submitting to the Craig Police Department. Notary Publics are available at Craig City Hall, the Craig Police Department or most banks.**

I agree and consent in advance to being summarily discharged without cause or hearing if any of the information that I have provided contains any misrepresentation or falsification or if any requested information has been knowingly omitted.

I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.

Done at \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Applicant

**SWORN TO AND SUBSCRIBED before me**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(SEAL)

Notary Public

My Commission Expires: \_\_\_\_\_



**CITY OF CRAIG  
POLICE DEPARTMENT**

***Authorization For Release Of  
Information***

I authorize \_\_\_\_\_ to  
Leave Blank, Agency Will Complete

release all information pertaining to me from the records of Credit Bureaus, Education Institutions, Military Service, Law Enforcement Agencies, Present and Past Employers, to the City of Craig, Craig Police Department for the purpose of Police Officer, Corrections Officer, DMV Clerk, or Dispatcher application process. I also authorize the Craig Police Department to release to any Law Enforcement agency, information which the department obtains regarding my qualifications to be a Police Officer, Correction Officer, Harbor Officer, Dispatcher, or DMV Clerk..

I further agree that any copy of this release signed by me will be considered to be an original release.

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Alaska

My Commission Expires: \_\_\_\_\_

(SEAL)