



City of Craig Employment Application

500 Third Street Craig, Alaska 99921

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

The City of Craig is an Equal Opportunity Employer

Personal Information

Last Name	First Name	MI	Social Security #	Email
Mailing Address	City	State	Zip	Home Phone
Permanent Address	City	State	Zip	Work Phone
Do you have a valid Alaska Driver's License?	<input type="radio"/> Yes <input type="radio"/> No			License #:
Have you ever been employed by the City of Craig?	<input type="radio"/> Yes <input type="radio"/> No			
Are you entitled to work in the United States?	<input type="radio"/> Yes <input type="radio"/> No			
Are you a resident of the city of Craig?	<input type="radio"/> Yes <input type="radio"/> No			
Are you 18 years of age or older?	<input type="radio"/> Yes <input type="radio"/> No			
If you are less than 18 years old, what is your date of birth?				
Have you been convicted of a misdemeanor within the past five years?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:		
Have you ever been convicted of a felony?	<input type="radio"/> Yes <input type="radio"/> No	If yes, please explain:		
Position for which you are applying:	Available for (please select all that apply): <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Part Time			
Date you are available for work:				

Education

	Name/Location	Dates Attended	Year Graduated	Diploma/GED Degree/Major
High School				
College/University				
Trade School				
Other				

Please list any machines or equipment you can operate:

Please list computer software/
hardware you can operate:

Employment History

Please list employment history for past ten years, starting with most recent. Please use additional pages if necessary.

Employer	
Address	
City, State, Zip	Telephone
Dates Employed	From: To:
Immediate Supervisor	
Position/Job Title	
Specific Duties	
Reason for Leaving	
May we contact? <input type="radio"/> Yes <input type="radio"/> No	
Employer	
Address	
City, State, Zip	Telephone
Dates Employed	From: To:
Immediate Supervisor	
Position/Job Title	
Specific Duties	
Reason for Leaving	
May we contact? <input type="radio"/> Yes <input type="radio"/> No	
Employer	
Address	
City, State, Zip	Telephone
Dates Employed	From: To:
Immediate Supervisor	
Position/Job Title	
Specific Duties	
Reason for Leaving	
May we contact? <input type="radio"/> Yes <input type="radio"/> No	
Employer	
Address	
City, State, Zip	Telephone
Dates Employed	From: To:
Immediate Supervisor	
Position/Job Title	
Specific Duties	

Reason for Leaving		
May we contact? <input type="radio"/> Yes <input type="radio"/> No		
Personal References		
<i>Please do not list former employers or relatives.</i>		
Name	Occupation	Telephone
Name	Occupation	Telephone
Name	Occupation	Telephone
Comments by Applicant		
<i>Please feel free to comment on anything else you feel is pertinent to your application.</i>		

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, removable from eligible lists or removal from employment. I further authorize reasonable investigation of my personal history, as it relates to my work history and capability to hold the position.

Signature of Applicant

Date

E-mail completed application to:
hr@craigak.com

Fax completed application to:
Human Resources at (907) 826-3278

Mail completed application to:
City of Craig
PO Box 725
Craig, AK 99921