



# 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?  Yes  No

Employer

Address

City, State, Zip Telephone

Dates Employed From: To:

Immediate Supervisor

Position/Job Title

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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		
<b>Personal References</b>		
<i>Please do not list former employers or relatives.</i>		
Name	Occupation	Telephone
Name	Occupation	Telephone
Name	Occupation	Telephone
<b>Comments by Applicant</b>		
<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.

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**Signature of Applicant**

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**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