**Municipality of Skagway, Alaska**

**Gateway to the Klondike**

**P.O. Box 415, Skagway, AK 99840**

**Phone: 907-983-2297**

**Fax: 907-983-2151**

[**www.skagway.org**](http://www.skagway.org)

**Employment Application**

***APPLICATIONS ARE NOT CONFIDENTIAL***

**Personal Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** | **E-mail:** | | | **Date:** | |
| **Residence Address:** | | | | | |
| **Mailing Address:** | | | | | |
| **Contact Phone:** | **US Citizen:** | **Yes** |  | **No** |  |
| **If NO, do you have a Work Permit:** | **Yes** |  | **No** |  |

**Work Preference:**

|  |
| --- |
| **Position Applying For:** |
| **Summarize prior experience in this type of work:** |
|  |
| **Describe any formal schooling/training for this type of work:** |
|  |
| **List any licenses or certificates you have:** |
|  |

**Availability for work:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date available to work:** | **Full Time:** | |  | | **Part Time:** | |  |
| **Are you presently employed?** | **Yes** | |  | | **No** | |  |
| **If yes, how much advance notice must you give your employer?** |  | | | | | | |
| **Do you authorize us to contact your present employer for a reference?** | **Yes** |  | | **No** | |  | |

**Use additional sheets for any explanations you wish to give about the answer in this section.**

**Education and Training:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name/location of High School, Trade, Business School or College** | **Enrollment Dates** | **Degree(s) Earned** | **Major Course of Study** | **Grade Point Average** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Attach additional education or training information in a resume if necessary.**

(OVER)

**Employment: *Complete this section even if you have attached a resume. Begin with your present employer or most recent position. If you have held more positions then you can list here, attach a full resume.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** | | | **Supervisor’s Name:** |
| **Mailing Address:** | | | |
| **Main Duties:** | | | |
| **Dates of Employment:** | **From:** | **To:** | **Last rate of pay:** |
| **Why did you leave?** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| **Dates of Employment:** | **From:** | **To:** | | **Last rate of pay:** |
| **Why did you leave?** | | | | |

**References:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Employer** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you related to anyone presently employed by the Borough?** | **Yes** |  | **No** |  |
| **Do you have any prior criminal convictions?** | **Yes** |  | **No** |  |

**(Criminal convictions will not necessarily bar an applicant from employment.)**

**If you answered yes to either of these questions, attach information on related employees or convictions.**

**Certificate of Applicant: *Please read carefully before signing.***

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for subsequent dismissal. I understand that this is a preliminary application and not a contract to employ me. I authorize a thorough investigation of my past employment and activities, agree to cooperate in such an investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further understand and agree that as an applicant for employment by the Municipality of Skagway, I may be subject to a check of possible criminal history through such means as the National Crime Information Center and the Alaska State Troopers. I agree that I may be photographed and fingerprinted for the purpose of a routine background check.

|  |  |
| --- | --- |
| **Signature of Applicant:** | **Date:** |

**The Municipality of Skagway is an equal opportunity employer.**