

# ANCHORAGE Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT )

Position(s) Applied For	Date of Application
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How Did You About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Name	
Address			
City	State	County	Zip Code
Telephone Number(s)	Social Security Number	Date of Birth	

If you are under 18 years of age, can you provide the required proof of your eligibility to work?	[ ] Yes [ ] No
Have you ever filed an application with us before? If yes, give date and position applied for: _____	[ ] Yes [ ] No
Have you ever been employed by us before? If yes, give date and position: _____	[ ] Yes [ ] No
Are you currently employed?	[ ] Yes [ ] No
May we contact your present employer?	[ ] Yes [ ] No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	[ ] Yes [ ] No
On what date will you be available for work? _____	
Are you available to work: [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary	
Are you currently on lay off status subject to recall?	[ ] Yes [ ] No
Can you travel if a job requires it?	[ ] Yes [ ] No
Have you been convicted of a felony within the last 7 years? <i>A conviction will not necessarily disqualify an applicant from employment</i>	[ ] Yes [ ] No
If yes, please explain _____	

# EDUCATION

School Name & Location	Elementary	High School	Undergraduate College/University	Graduate
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Circle Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
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Diploma/Degree \_\_\_\_\_

Describe Course of Study \_\_\_\_\_

Describe any specialized training, Apprenticeship, skills, and Extra-curricular activities \_\_\_\_\_

Describe any honors You have received \_\_\_\_\_

State Any additional Information you feel may Be helpful to us in Considering your application \_\_\_\_\_

## Indicate any foreign languages you can speak, read, and/or write

FLUENT

GOOD

FAIR

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

## List professional trade, business, or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.\

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States Military?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience. Include any certifications pertinent to the position for which you applied.

\_\_\_\_\_  
 \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From _____/_____/_____ To _____/_____/_____
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ _____ Finish \$ _____
SUPERVISOR _____		Full Time [ ] Part Time [ ] Hours per Month _____
Do/did you participate in a Kentucky State pension fund? No [ ] Yes [ ] If yes, which one (CERS, KERS, etc.) _____ First date of participation (before or after 9/1/2008) _____		
If currently employed and will remain employed, how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From _____/_____/_____ To _____/_____/_____
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ _____ Finish \$ _____
SUPERVISOR _____		Full Time [ ] Part Time [ ] Hours per Month _____
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If currently employed and will remain employed, how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

EMPLOYMENT EXPERIENCE CONTINUED

EMPLOYER _____	JOB TITLE _____	DATES EMPLOYED From _____/_____/_____ To _____/_____/_____
ADDRESS _____	TELEPHONE _____	HOURLY RATE/SALARY Start \$ _____ Finish \$ _____
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If currently employed and will remain employed, how many hours do you estimate you will work per month at your current job? _____		
REASON FOR LEAVING _____		
DESCRIBE WORK PERFORMED _____ _____ _____ _____ _____		

If you need additional space, please continue on a separate sheet of paper

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an *at will* nature, which means that the employee may resign at any time and the City may discharge employee at any time with or without cause. It is further understood that this *at will* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of the City.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City.

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

\_\_\_\_\_  
**Date**

## FOR ADMINISTRATIVE USE ONLY

Arrange Interview [ ] Yes [ ] No  
Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed [ ] Yes [ ] No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, or other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer to answer the requested please note all Data records are kept in a Confidential File and **are not** part of your Application for Employment or personnel file. *Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.*

## VOLUNTARY SURVEY

Date \_\_\_\_\_

**Government agencies at time require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

Social Security Number \_\_\_\_\_

Male  Female

WHITE  BLACK  HISPANIC  AMERICAN INDIAN/NATIVE AMERICAN  
 ASIAN/PACIFIC ISLANDER  OTHER \_\_\_\_\_

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual

\_\_\_\_\_  
BIRTHDATE