

Applicants are required to request any necessary accommodations during the application, testing or interviewing process.

Please print clearly and fill out application completely. Please do not use “see resume”. You are encouraged to attach a resume and cover letter. Ask for an explanation of any questions you do not understand. Incomplete applications will not be accepted.

The City of Saxman is an equal opportunity employer. Applicants are considered in accordance with applicable laws prohibiting discrimination of the basis of race, creed, color, religion, national origin, age, sex, marital status, disability or parenthood.

Return completed application to:

City of Saxman

Attn: Hiring Assistant OR cityclerksaxman@kpunet.net OR Fax: 907-225-6450

Rt2 Box1 Subject: Application Attn: Hiring Assistant

Ketchikan AK 99901

Employment Application

|  |
| --- |
| Applicant Information |
| Last Name: | First Name: | MI: | Date: |
| Street Address: | Apartment/Unit # |
| City | State: | Zip: |
| Date Available: | Email: |
| Position Applied For: | Expected Salary:  |
| Are you a Citizen of the United States?  | Are you legally authorized to work in the U.S.? |
| Have you ever worked for the City of Saxman? | If so when: |
| Have you ever been convicted of a felony? | If yes, attach an explanation to your application. |
| Driver’s License Number: | Number: |
|  |  |
| Education |
| High School | Address |
| From To | Did you Graduate? | Degree: |
| College | Address |
| From To | Did you Graduate? | Degree: |
| Other | Address |
| From To | Did you Graduate? | Degree: |
|  |
| References: |
| *Please List three professional references* |
| # 1: Full Name | Relationship |
| Company | Phone |
| Email |
|  |
| #2: Full Name | Relationship |
| Company | Phone |
| Email |
|  |
| #3: Full Name | Relationship |
| Company | Phone |
| Email |

|  |
| --- |
|  |
| Previous Employment*Please provide 10 years or to High School, whichever is less. Attach additional sheets as necessary.* |
| Company | Phone |
| Supervisor | Job Title |
| Responsibilities: |
| Reason for leaving: | May we contact for a reference? |
| Company | Phone |
| Supervisor | Job Title |
| Responsibilities: |
| Reason for Leaving: | May we contact for a reference? |
| Company | Phone |
| Supervisor | Job Title |
| Responsibilities: |
| Reason for Leaving: | May we contact for a reference? |
|  |  |
| Military Service |
| Branch: | From To |
| Rank at Discharge | Type of Discharge |
| *If other than honorable, explain on an attached sheet* |

|  |
| --- |
| Please check mark any of the following office skills you are proficient in: |
|  | Keyboard |
|  | Apple Computer |
|  | PC (IBM compatible) Computer |
|  | Smart Phone |
|  | iPad/Tablet style device |
|  | Telecommunications |
|  | Paper filing |
|  | Title 29 |
|  | Meeting Minutes |
|  | Meeting Agenda |
|  | Transcription |
|  | Municipality/Fund Accounting |
|  | Municipality Budgeting  | Largest Budget Managed: |
|  | Ordinances/Resolutions |
| Please check mark any of the following software you are proficient in: |
|  | Windows 97 |
|  | Windows 10 |
|  | Outlook |
|  | Word |
|  | Excel |
|  | Publisher |
|  | Google |
|  | Intuit |
|  | Mac OS |
|  | Adobe |
|  | Power Point |
|  | Key Note |
|  | Pages |

Any other skills you think are pertinent to the position you are applying for:

|  |
| --- |
|  |
| Disclaimer and signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If I do not personally submit this application to the City of Saxman, I will attach a notary statement attesting to my signature. |
| Signature | Date |

State of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judicial District (or County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

On this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year 20 \_\_\_\_\_\_\_, before me, the

undersigned notary public, personally appeared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

known to be to be the person whose name is subscribed to the within instrument and

acknowledge that he/she executed the same for the purpose therein contained.

Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Stamp: