



City of Nome
 P.O. Box 281, Nome, AK 99762
 (907)443-6663 / (907) 443-5349 fax

APPLICATION FOR EMPLOYMENT

The City of Nome is an equal opportunity employer and does not discriminate on the basis of age, race, color, national origin, religion, marital status, disability, veteran status, or any other classification protection by applicable state or federal law.

Personal

Last Name	First Name	Middle	Date
Mailing Address	City	State	Zip Code
Position Desired			Social Security #
Were you previously employed by us?	If yes, when?		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, you must be able to prove within three (3) days of your date of hire that you are legally eligible to work in the U.S.	This position may require occasional/frequent overtime work. Can you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be able to begin work?
Applicable technical skills (machinery, computers, software, etc.)			You must be ___ years of age or older to be considered for employment, and you must submit proof of age upon request.
No applicant will be rejected as a result of a condition or impairment which, with or without reasonable accommodation, does not prevent performance of the essential functions of the position for which the applicant has applied. Are you able to perform the essential functions of the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No			Typing speed (if applicable)

Education

Please list all education, training or experience you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, military training, hobbies, etc.

School	Name of School and Location	Dates Attended/ Course of Study	# of Yrs Completed	Did You Graduate	Degree/ Diploma
High			1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> Yes	
			2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> No	
College			1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> Yes	
			2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> No	
Other (Specify)			1 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/> Yes	
			2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> No	

Personal References (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

Who should we contact in case of emergency?	Relationship to you	Telephone

Employment

List below present and past employment, beginning with your most recent. Please give accurate, complete full time and part-time employment record. Start with present or most recent employer.

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work that you did:							
Telephone #								

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason For Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work that you did:							
Telephone #								

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	Mo	Yr	Mo	Yr				
	Describe the work that you did:							
Telephone #								

Any applicant with a disability who needs reasonable accommodation in any step in the hiring process to assist the applicant in demonstrating his/her qualifications for or ability to perform the essential functions of the position applied for, should inform Dana Handeland, Payroll/Personnel Technician at (907)443-6663.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the City of Nome has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then in only in a writing signed by an officer. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make and investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature of Applicant