



APPLICATION FOR EMPLOYMENT

City of Nome

PO Box 281 | 102 Division Street Nome, Alaska 99762

Phone 907-443-6663

Fax 907-443-5349

Email HR@nomealaska.org

| | |
|-------------------------------|--|
| Position Applying For: | Resume attached: |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> |

General Information

| | | | |
|------------------------------------|----------------|----------------|------------|
| Name (Last, First, Middle Initial) | Work Telephone | Home Telephone | Cell Phone |
| Mailing Address | City | State | Zip Code |
| Email Address | | | |

| |
|---|
| Can you provide proof, if hired, that you are eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Military Service

| | | | |
|--|--|---------------|-------------------------------|
| Are you a Member of an Active Reserve/Guard? | Are You a former Member of the Armed Forces? | Date of Entry | Date of and Type of Discharge |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

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| Optional: Do you have a high school diploma or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|

Education and/or Training

| Post-Secondary Education Institution Name and Location | Course of Study | Did You Receive a Degree? | Degree Earned |
|--|-----------------|--|---------------|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

License or Certification

List any professional license, registration, certification, etc. – i.e. CDL.

| License/Certification | State | Profession | License Number | Expiration Date |
|-----------------------|-------|---|----------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| Driver's License | | D <input type="checkbox"/> CDL <input type="checkbox"/> | | |

Employment History

Please use additional pages to show relevant work experience.

| | | | |
|--|--|--|-------------------|
| May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Employer | | Telephone Number | Supervisor's Name |
| Type of Business | | Address | |
| Your Job Title | | Dates Employed (Month & Year) From: To: | Hours Per Week |
| Duties | | | |
| Salary | | Reason for Leaving | |

| | | | |
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| Duties | | | |
| Salary | | Reason for Leaving | |

Please Answer The Following Questions:

- 1) **Physical Record:** Are you physically and mentally able to perform the duties of the position for which you are applying? Yes ☐ No ☐
- 2) **Criminal Conviction:** Have you ever plead guilty, been convicted, fined, imprisoned, placed on probation or given a suspended sentence:
- for any felony violation within the last 7 years? Yes ☐ No ☐
 - for any misdemeanor violation within the last 5 years? Yes ☐ No ☐

If yes, please indicate conviction, date and sentence/disposition. *Information supplied on conviction record will not necessarily bar applicant from consideration for employment. Nature of, reason for, and time elapsed since conviction will be reviewed in the light of duties of position being sought.

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- 3) **Prior City Employment:** Have you previously worked for the City of Nome? Yes ☐ No ☐
If yes, when? _____ What Department? _____
- 4) **Relatives:** Are you related to anyone who is currently employed by the City of Nome? Yes ☐ No ☐
If yes, list their name, department, and relationship: _____
- 5) **Job Description:** Have you read the job description, and do you understand the essential functions of the position for which you are applying? Yes ☐ No ☐
- 6) **PERS:** Have you ever been enrolled in the State of Alaska Public Employees Retirement System (PERS) through a former employer? Yes ☐ No ☐ If yes, Date & Agency: _____

Please provide three (3) professional references below. Do not include relatives.

| Name | Contact Information |
|------|---------------------|
| | |
| | |
| | |

Certification & Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment or dismissal from city service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the City of Nome to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- You may be asked to provide a driving record if the position for which you are applying requires driving.
- You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- I release the City of Nome and all providers of information from any liability as a result of furnishing and receiving any information related to the City of Nome's hiring process.

Signature: _____ **Date:** _____

Affirmative Action Equal Opportunity Employer

The City of Nome does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.