



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	Type of Discharge
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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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Type of Business	Address		
Your Job Title	Dates Employed (Month & Year) From: To:		Hours Per Week
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.

- 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:** _____

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.

Authorization for Background Checks

After reading the Background Check Disclosure above, I, _____
[applicant name], hereby authorize **City of Nome** and/or its agents to conduct a background check which may be used to determine my eligibility for employment, promotion, or retention. I understand that this report may contain personal information gained through personal interviews or found in any state or local files and public records, including but not limited to information about my character, reputation, living conditions, consumer reports, education, criminal record, drug testing, and previous employment.

I understand that the purpose of this background check is to verify the information included in my application and to obtain additional information that may be pertinent to my qualifications for employment. I understand that this disclosure is all-encompassing, allowing **City of Nome** to obtain background reports from third-party organizations throughout the course of my employment to the extent permitted by the law.

I understand that this background check is necessary if I wish to meet all the criteria for a position at **City of Nome** and that a successful background check is not a guarantee of employment. I also understand that I have the right, upon written request within a reasonable timeframe, to request a copy of my background report.

I agree that **City of Nome** may contact my references, previous employers, and any applicable third party to confirm all the details that have been included in my application, and I hereby release all parties from any liabilities on account of this disclosure. I further authorize that a photocopy of this authorization may be considered as valid as the original.

I would like to receive a free copy of my background check report (California, Minnesota, and Oklahoma applicants only).

Full Name: _____ Date of Birth: ___/___/___

Signature: _____ Date: _____

Last four (4) of Social Security Number: _____

Other Last Names Used: _____

Driver's License Number: _____ Issuing State: _____