



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

1. Complete the Application for Employment.
2. A resume may be attached to application, but will *not* be accepted in lieu of application.
3. Attach any required testing results.
4. Completed application packets should be submitted to:

Kodiak Job Center
211 Mission Road, Suite 103
Kodiak, Alaska 99615
Fax: (907)486-4716

Or

Human Resources
Kodiak Island Borough
710 Mill Bay Road, Rm.102
Kodiak, Alaska 99615
Email: lzeimer@kodiakak.us

***All applicants will be given a numerical rating based on experience, education, and coursework that is relevant to the position. It is recommended that applicants provide a detailed summary of this information.**

THE KODIAK ISLAND BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Kodiak Island Borough to comply with all applicable state and federal laws prohibiting discrimination in employment based on gender, race, religion, national origin, age, ancestry, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Kodiak Island Borough

Phone: (907) 486-9301

Fax: (907) 486-9390

Revised 3/2021

Position you are applying for _____

Pay Expected _____

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Residence Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (if hired verification will be required):

- I am legally eligible for employment in the United States YES NO
- I am over 18 years of age YES NO
- Are you seeking temporary work? YES NO From _____ To _____
- Are you available Full Time? YES NO
(If no, please specify days and hours that you are available): _____
- Have been employed by the Kodiak Island Borough? YES NO (If yes, please enter dates) _____
- Have you ever been convicted of a felony? YES NO
(If yes, please describe. Conviction will not automatically disqualify an applicant for employment): _____

EDUCATION

Type	Name/Address	Years Completed	Area of Study	Degree or Diploma
High School				
Undergraduate College/University				
Graduate/Professional				

List additional coursework you have completed and dates:

List any licenses and certifications you hold:

EMPLOYMENT List all present and past employment, beginning with the most recent:

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

Company _____ Supervisor _____

Address _____ City _____ State _____ Zip _____ Phone _____

From _____ To _____ Beginning Pay _____ Ending Pay _____
Job Title & Specific Duties:

Reason for leaving:

.....
Company _____ Supervisor _____

Address _____ City _____ State _____ Zip _____ Phone _____

From _____ To _____ Beginning Pay _____ Ending Pay _____
Job Title & Specific Duties:

Reason for leaving:

.....
Company _____ Supervisor _____

Address _____ City _____ State _____ Zip _____ Phone _____

From _____ To _____ Beginning Pay _____ Ending Pay _____
Job Title & Specific Duties:

Reason for leaving:

.....
Company _____ Supervisor _____

Address _____ City _____ State _____ Zip _____ Phone _____

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Job Title & Specific Duties:

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Company _____ Supervisor _____

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Job Title & Specific Duties:

Reason for leaving:

Company _____ Supervisor _____

Address _____ City _____ State _____ Zip _____ Phone _____

From _____ To _____ Beginning Pay _____ Ending Pay _____

Job Title & Specific Duties:

Reason for leaving:

ADDITIONAL SKILLS AND EXPERIENCE *(Please list information that is relevant to the position):*

Please circle all computer programs you have experience operating:

Word Excel PowerPoint Access WordPerfect Email
GIS AutoCAD Internet

Any other computer or software experience:

If applicable, list any hand tools you operate:

If applicable, list any equipment you operate:

List two references that are not relatives or former supervisors:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>
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Please list any additional information, skills, qualifications, or experiences that you think would especially qualify you for this position:

PLEASE READ AND SIGN THE FOLLOWING AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Kodiak Island Borough to make an investigation of any of the facts set forth in this application.

I give the Kodiak Island Borough the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Kodiak Island Borough and its representatives for seeking such information and all other persons, corporations or organizations, for furnishing such information.

I understand that if hired, I will be required to present specific documents that establish my identity and work authorization. I will be required to provide proof of authorization to work in the United States of America. I understand that if I cannot produce the required documents (or prove that I have applied for the required documents) within three (3) business days of hire, my employment will not be continued. I further understand that if I show proof that I have applied for a required document, I have 21 business days from the date of my hire to present the document(s) to the Kodiak Island Borough or my employment will not continue.

I understand that if required by my position, I may be asked to provide the following documents: birth certificate, physical examination and /or drug test, driver's license, driving record.

In the event of my employment by the Kodiak Island Borough, I understand that false or misleading information given in my application or interview(s) may result in my dismissal. I understand also that I may be required to sign a conflict of interest agreement and/or confidentiality agreement. I agree to abide by all rules and regulations of the Kodiak Island Borough.

Signature of Applicant _____

Date _____

APPLICANT DATA RECORD

Qualified applicants are considered for all positions, and employees are treated during employment without regard to gender, race, religion, national origin, age, ancestry, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record.

The Applicant Data Record is for periodic government reporting and will be kept in a confidential file, separate from the Application for Employment.

Completion of this form is optional; you are not required to provide this information.

PLEASE PRINT

Date _____ Position Applied For _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

How did you find out about this opening? (*circle one*) Newspaper Internet Friend
Job Service Relative Other _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Circle One: Male Female

Circle One: African/American
American Indian/Alaskan Native
Asian/Pacific Islander
Caucasian
Hispanic

Circle any that apply: Vietnam Era Veteran Disabled Veteran Disabled Individual