CITY OF KETCHIKAN – KETCHIKAN PUBLIC UTILITIES

INFORMATION FOR JOB APPLICANTS

The City of Ketchikan appreciates your interest in employment with the City of Ketchikan and Ketchikan Public Utilities.

You must submit a completed application by the final closing date in order to be considered for any position. Resumes are welcome and encouraged, but may not be substituted for a City application form. Applications which are incomplete, untimely, or filed for positions which are not open for recruitment will be rejected.

Read the job description of the position you are interested in carefully before applying. Pay particular attention to the minimum requirements for the position as you must be able to demonstrate that you meet these in order to be considered. These qualifications may take the form of education or training, experience, knowledge, skills, abilities, licenses, driving history and certificates.

In order to maximize your chances of being interviewed and selected for a position, it is critical that you take sufficient time and care when preparing your employment application to present clear and detailed information concerning your employment history, education and other relevant information. Applications should be typed or handwritten in black ink. Applications which are sketchy or hard to read may be passed over during the initial stage of the selection process.

Completed applications may be returned in person to 334 Front Street, mailed to Human Resources, 334 Front Street, Ketchikan, Alaska 99901, faxed to 907-247-2111 or e-mailed: cityjobs@ketchikan.gov.

After you have submitted your application, please be patient in waiting for a response from Human Resources or the hiring department. It is generally not advisable to call Human Resources or the hiring department unless you feel it necessary to verify that your application was received.

City of Ketchikan-Ketchikan Public Utilities, Alaska
APPLICATION FOR EMPLOYMENT

Please Return to:	City of Ketchikan Human Resources Department 334 Front Street, Ketchikan, AK 99901 Fax: (907) 247-2111	Date Received by City:

Dear Applicant:

Thank you for your interest in the City of Ketchikan/Ketchikan Public Utilities employment opportunities. Your application will be considered with others in competition for the position. It is the policy of the City of Ketchikan to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, sex, age, national origin, creed, physical or mental disability, marital or veteran status or citizenship status of a person otherwise authorized to work in the United States, or any other basis prohibited by statute. This policy applies to all phases of full, part-time, temporary and seasonal employment.

Please type or print legibly in dark ink. The information that you supply will be used to determine how well you meet the qualifications; be as specific as possible. **You are encouraged to include a resume, but the resume cannot be substituted for a completed application.**

Position Applying for:		**Full Name:**
Date Available:	**Contact Information** **Primary Phone #:**	
	Secondary Phone #:	
	E-mail:	
Available for work: (Please check all that apply) ☐ **Monday – Friday** ☐ **7 AM – 5 PM** ☐ **Saturday** ☐ **3 PM – 12 AM** ☐ **Sunday** ☐ **12 AM – 8 AM**		**Mailing Address:**

Alaska Resident? ☐ **YES** ☐ **NO**	**If Alaska resident, since when:** **Date:**	**How were you informed of this opening:**

HUMAN RESOURCES OFFICE USE ONLY – QUALIFICATIONS SUMMARY		
Qualifying Education:	☐ **Years**	☐ **Months**
Years and Months of Experience:	☐ **Years**	☐ **Months**
Years and Months of Related Experience:	☐ **Years**	☐ **Months**
Meets Qualifications: ☐ **YES** ☐ **NO**		☐ **Credit/Semester Hours**

Please answer YES or NO to the following questions. If you answer "Yes" to 8, 9 or 10 or if you answer "No" to 1, 4 or 11: you MUST provide an explanation and submit with application. If the job that you were provided does not require a driver's license then leave #1 blank or enter N/A for not applicable.

□ **YES** □ **NO**	**1.**	Do you have a valid Alaska driver's license?
□ **YES** □ **NO**	**2.**	Do you have a CDL license? If yes, what is CDL #:
□ **YES** □ **NO**	**3.**	Do you have any needs that might necessitate accommodation in the application/ interview process? Describe the accommodation:
□ **YES** □ **NO**	**4.**	Are you a U.S. Citizen or legally eligible to accept employment in the U.S? We are interested in every qualified candidate who is eligible to work in the United States. However, we are not able to sponsor work visas.
□ **YES** □ **NO**	**5.**	Have you ever been employed by the City of Ketchikan? Position: Department: Dates:
□ **YES** □ **NO**	**6.**	Are you related through blood, marriage or adoption to anyone currently working for the City? Such relationship is not automatically disqualifying. Name: Relationship:
□ **YES** □ **NO**	**7.**	Are you related to the Mayor, a member of the City Council, or the City Manager? **These relationships ARE disqualifying.**
□ **YES** □ **NO**	**8.**	Have you ever been discharged or asked to resign from a job? **If you answer yes, you MUST provide an explanation or your application will be disqualified.**
□ **YES** □ **NO**	**9.**	Have you ever been convicted of a misdemeanor? **If you answer yes, you MUST provide an explanation or your application will be disqualified.**
□ **YES** □ **NO**	**10.**	Have you ever been convicted of a felony? Conviction records do not automatically disqualify applicants. Certain positions require criminal background checks. **If you answer yes, you MUST provide an explanation or your application will be disqualified.**
□ **YES** □ **NO**	**11.**	Are you of legal age to hold employment in the United States?

EDUCATION:

Type of School	Name/Address of School	Degree Earned	Dates Attended	Major Course of Study
High School or GED			LEAVE BLANK	
Accredited College or University				
Graduate School				
Technical School				

List any correspondence courses, workshops, training or volunteer work that might relate to this position and is not reflected in the preceding course work:

List Professional Certifications, Registrations or Licenses:

Title:	**Issued By:**
Registration Number:	**Date Issued:** **Expiration Date:**
Title:	**Issued By:**
Registration Number:	**Date Issued:** **Expiration Date:**
Title:	**Issued By:**
Registration Number:	**Date Issued:** **Expiration Date:**

List Professional Organizations where you are a member and any Offices you may have held:

Organization:	**Office:**	**Dates Held:**
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Organization:	**Office:**	**Dates Held:**

EMPLOYMENT HISTORY: Please account for all employment during the past ten (10) years; listing current or most recent employment first. Duplicate this section as needed in order for you to supply all employment information requested.

JOB TITLE:		
Dates of Employment		**Employer Name & Address:**
From:	**To:**	
Reason for Leaving:		**Supervisor's Name & Title:**
Starting Salary: $		**Supervisor's Contact Information (phone & e-mail):**
Ending Salary: $		
May we contact this employer? ☐ **YES** ☐ **NO**		**Number of employees under your supervision:**
Hours worked per week:		**If you supervised, what authority did you have:** ☐ **Recruit** ☐ **Interview** ☐ **Hire** ☐ **Evaluate** ☐ **Discipline** ☐ **Discharge**
Major Duties and Responsibilities:		

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Dates of Employment		**Employer Name & Address:**
From:	**To:**	
Reason for Leaving:		**Supervisor's Name & Title:**
Starting Salary: $		**Supervisor's Contact Information (phone & e-mail):**
Ending Salary: $		
May we contact this employer? ☐ **YES** ☐ **NO**		**Number of employees under your supervision:**
Hours worked per week:		**If you supervised, what authority did you have:** ☐ **Recruit** ☐ **Interview** ☐ **Hire** ☐ **Evaluate** ☐ **Discipline** ☐ **Discharge**
Major Duties and Responsibilities:		

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Dates of Employment		**Employer Name & Address:**
From:	**To:**	
Reason for Leaving:		**Supervisor's Name & Title:**
Starting Salary: $		**Supervisor's Contact Information (phone & e-mail):**
Ending Salary: $		
May we contact this employer? ☐ **YES** ☐ **NO**		**Number of employees under your supervision:**
Hours worked per week:		**If you supervised, what authority did you have:** ☐ **Recruit** ☐ **Interview** ☐ **Hire** ☐ **Evaluate** ☐ **Discipline** ☐ **Discharge**
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Reason for Leaving:		**Supervisor's Name & Title:**
Starting Salary: $		**Supervisor's Contact Information (phone & e-mail):**
Ending Salary: $		
May we contact this employer? ☐ **YES** ☐ **NO**		**Number of employees under your supervision:**
Hours worked per week:		**If you supervised, what authority did you have:** ☐ **Recruit** ☐ **Interview** ☐ **Hire** ☐ **Evaluate** ☐ **Discipline** ☐ **Discharge**
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Dates of Employment		**Employer Name & Address:**
From:	**To:**	
Reason for Leaving:		**Supervisor's Name & Title:**
Starting Salary: $		**Supervisor's Contact Information (phone & e-mail):**
Ending Salary: $		
May we contact this employer? ☐ **YES** ☐ **NO**		**Number of employees under your supervision:**
Hours worked per week:		**If you supervised, what authority did you have:** ☐ **Recruit** ☐ **Interview** ☐ **Hire** ☐ **Evaluate** ☐ **Discipline** ☐ **Discharge**
Major Duties and Responsibilities:		

CERTIFICATION AND RELEASE:

I certify that the answers on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, any omission or concealment of facts, could disqualify me from consideration for employment, cause any offers of employment to be withdrawn and constitutes grounds for immediate dismissal should I have become employed by the City of Ketchikan.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Manager and written offers are signed by all parties. The City shall not be liable for any reliance on or any oral or written offers made to me without proper authorization. I also understand that applications, resumes, and attachments are public records and therefore can be made available for inspection and copying according to the City's policies.

In connection with this application, I hereby authorize any and all former employers, organizations where I have volunteered and references named to release to the City and its agents any and all information both public and private. I understand that the City will use this information to determine in part my fitness for the position I am applying for. This authorization expires one year from the date signed.

I hereby release the City and all former employers or their agents, volunteer organizations and references, from any and all liability of whatever nature incurred by reason of requesting or providing such information.

NOTICE:

Read the preceding statements carefully before signing. Applications that are not signed will be returned to the applicant as incomplete.

Signature _____ Date _____

CITY OF KETCHIKAN – KETCHIKAN PUBLIC UTILITIES

VOLUNTARY EQUAL EMPLOYMENT DATA SURVEY

AS PART OF THE CITY OF KETCHIKAN'S AFFIRMATIVE ACTION PROGRAM AND AS PART OF THE CITY'S EFFORTS TO COMPLY WITH VARIOUS STATE AND FEDERAL LAWS AND REGULATIONS RELATING TO EQUAL OPPORTUNITY EMPLOYMENT, WE NEED CERTAIN INFORMATION ABOUT YOU.

YOU ARE *NOT REQUIRED* TO ANSWER THE FOLLOWING QUESTIONS. IF YOU DO, THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL, WILL NOT BECOME PART OF YOUR PERSONNEL RECORD, NOR WILL IT BE AVAILABLE FOR GENERAL ACCESS.

IF YOU CHOOSE NOT TO ANSWER THE QUESTIONS, IT WILL NOT REFLECT ON YOUR PRESENT OR FUTURE OPPORTUNITIES WITH THE CITY OF KETCHIKAN / KETCHIKAN PUBLIC UTILITIES.

PLEASE RETURN THIS FORM WITH YOUR APPLICATION.

1.	**Printed Name:**	
2.	**Sex: ☐ Male ☐ Female**	
3.	**Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic** **☐ American Indian or Alaska Native ☐ Asian/Pacific Islander** **☐ Two or more races**	
4.	**☐ Vietnam Era Veteran ☐ Veteran**	
5.	**☐ Disabled Veteran (Disability rated at more than 30%)**	
6.	**☐ Disabled**	
7.	**Date of Birth:**	

Signature _____ Date _____

☐ I prefer not to answer the above questions.