



Petersburg Borough

Human Resources Department
 PO Box 329, Petersburg, AK 99833
 Phone (907)772-5404 Fax (907)772-3759
 Email: bregula@petersburgak.gov

Application for Employment

Position(s) Applying For _____

Last Name	First Name	Middle Name

Mailing Address

Physical Address

Telephone Number	Email Address

Do you have a valid Alaska Driver's License? Yes No License/ID # _____

Are you 18 years of age or older? Yes No If no, provide date of birth: _____

Are you a citizen of the United States or authorized to work in the United States? Yes No

Where did you learn of this job opportunity? (Please circle all that apply)

Borough Website *Word of mouth* *Newspaper* *Facebook* *Other:* _____

All sections of the application must be legible, signed and dated. Use additional sheets if necessary to ensure all information is provided. If Yes is selected on any section of the criminal conviction page, a complete and accurate explanation must be provided or your application will not be considered.

Easy access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

I agree to submit to any testing and physical and/or mental examination that the Petersburg Borough may require.

Through my signature below, I hereby affirm and attest to the truthfulness and accuracy of the information I have provided herein, and hereby consent to and authorize the Petersburg Borough, as part of the procedure of processing this application, to conduct a criminal history background check, and to verify my past employment, education information, and driving record (if applicable). I understand that the criminal history background check may include my prior places of residence.

Signature	Printed Name	Date
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(Digital signatures will not be accepted)



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Criminal History

Full Legal Name: _____

The information you provide below is required in order to submit a completed application.

Failure to answer the questions below will disqualify you from the application process. Failure to disclose information truthfully may impact your ability to apply for future positions at the Petersburg Borough.

The information you disclose will be reviewed by the Human Resource/Clerk's Office.

*A conviction may not be an absolute barrier to employment.

Have you ever been convicted of, or pled no contest or entered an Alford plea to, a criminal offense, including but not limited to, any felony, misdemeanor, violation, or infraction under federal, state or local law?

Yes No

If yes, provide dates and describe in full:



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Education

High School

School Name	Address	Diploma/Degree Received

College/Vocational Schools

School Name	Address	Diploma/Degree Received

Additional Certifications or Licenses

Employment History

May we contact your current employer? Yes No

Current Employer Name	Address	Phone Number

Start Date	Job Title	Beginning Wage

End Date (If applicable)	Name/Title of Supervisor	Current Wage

Job Duties/Responsibilities

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Reason for Seeking Other Employment

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Past Employment

Employer Name	Address	Phone Number
Start Date	Job Title	Beginning Wage
End Date	Name/Title of Supervisor	Ending Wage
Job Duties/Responsibilities		
Reason for Leaving		

Employer Name	Address	Phone Number
Start Date	Job Title	Beginning Wage
End Date	Name/Title of Supervisor	Ending Wage
Job Duties/Responsibilities		
Reason for Leaving		

Employer Name	Address	Phone Number
Start Date	Job Title	Beginning Wage
End Date	Name/Title of Supervisor	Ending Wage
Job Duties/Responsibilities		
Reason for Leaving		

Attach additional paper if you would like to provide additional employment history

Explanation of any gaps in employment (optional)



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Address History

Please provide your current and previous addresses for the last (7) years.

Current Address

Street Address	City, State	Zip Code	Length of Time at Address

Previous Address(es)

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Street Address	City, State	Zip Code	Length of Time at Address

Attach additional paper if previous addresses for the last (7) years do not fit in the above provided space.



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References

Please provide at least 3 references who are not family members.

Name	Phone Number	Relationship

Additional Information

Provide any additional information that you feel may be helpful in the consideration of your application.

Have you read the job description(s) for the position(s) for which you are applying? Yes No

If yes, are you capable of performing the job duties with or without reasonable accommodation? Yes No

DOT Covered Positions

Have you previously participated in a drug and alcohol testing program as required by the U.S. Department of Transportation? Yes No

If your answer to the preceding question is Yes, were you ever tested? Yes No

If your answer to the preceding question is Yes, have you ever tested positive for prohibited drugs, more than 0.04 alcohol concentration, or refused to test on a drug or alcohol test for a DOT-covered or safety sensitive position? Yes No

If your answer to the preceding question is Yes, please provide information regarding the positive test or refusal to test, the date of the positive test result or refusal to test, and any Return-to-Duty and Follow-up