



# 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 select 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

*(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