



# City of Seward Employment Application

P.O Box 167  
Seward, AK 99664  
(907) 224-4074  
HR@cityofseward.net

**Note: Application must be completed. Resumes may not be substituted.**

Position(s) applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Personal Data

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Mailing Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone Numbers: \_\_\_\_\_  
*Home* *Work* *Message*

Email: \_\_\_\_\_

If necessary, best time to call you at home is: \_\_\_\_\_

May we contact you at work?  Yes  No

Are you a citizen of the United States or an alien authorized to work in the United States? (*proof of Citizenship or immigration status will be required upon employment.*)  Yes  No

Are you 18 years of age or older?  Yes  No

Do you have a valid Driver's License?  
If Yes, State: \_\_\_\_\_  Yes  No

Have you ever been convicted of a crime in the last seven (7) years?  Yes  No

If yes, please describe in full (the existence of a criminal record is not a absolute bar to employment with the City): \_\_\_\_\_

Are you capable of performing, with or without reasonable accomodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description.)  Yes  No

Have you ever filed an application with us before?  Yes  No

If yes, please give dates: \_\_\_\_\_

Are you currently or have you ever been employed with the City of Seward?  Yes  No

If yes, please give Position Title and Dates: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Seasonal

**All applications will be kept on file for 90 days**

**Education and Experience**

	Name & Location	Course of Study	Years Completed	Diploma or Degree
High School				
College(s)				
Business/Trade/Technical				

Indicate any foreign languages you can speak, read, and/or write

Language: \_\_\_\_\_  Speak  Read  Write

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal race, color, religion, gender, national origin, disabilities or other protected status.)

Word processing, spreadsheet, database and other software programs you have used:

List types of electronic and mechanical equipment or machinery you are qualified to operate and/or repair:

Summarize special job-related skills, qualifications or additional information acquired from employment or other experience you may feel would be helpful in considering your application:

**Employment History – Start with most recent. Use additional pages if necessary**

Employer Name:	Dates of Employment- Month & Year
Phone:	From: To:
Address:	Starting Salary: Per:
Job Title:	Ending Salary: Per:
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Employer Name:	Dates of Employment- Month & Year
Phone:	From: To:
Address:	Starting Salary: Per:
Job Title:	Ending Salary: Per:
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

Employer Name:	Dates of Employment- Month & Year
Phone:	From: To:
Address:	Starting Salary: Per:
Job Title:	Ending Salary: Per:
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Duties:

Reason for leaving: \_\_\_\_\_

**References**

Do not list any family members

1. \_\_\_\_\_ (Name) (\_\_\_\_) \_\_\_\_\_ (Phone #)  
 \_\_\_\_\_ (Address) \_\_\_\_\_ (Years Known)

2. \_\_\_\_\_ (Name) (\_\_\_\_) \_\_\_\_\_ (Phone #)  
 \_\_\_\_\_ (Address) \_\_\_\_\_ (Years Known)

3. \_\_\_\_\_ (Name) (\_\_\_\_) \_\_\_\_\_ (Phone #)  
 \_\_\_\_\_ (Address) \_\_\_\_\_ (Years Known)

**CERTIFICATE OF APPLICANT AND AUTHORIZATION TO VERIFY INFORMATION**  
**IMPORTANT: Please read before signing this application**

**I HEREBY CERTIFY all the information made on, or in connection with, this application is true and complete to the best of my knowledge and belief, and I have not knowingly withheld any fact or circumstance. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application, removal from eligible lists or discharge from employment. I understand consideration for employment in this position is contingent upon the results of a reference, and background check. I therefore authorize the City of Seward to investigate all statements made on my application for employment, and to discuss the results of its investigations with those responsible for hiring. I further authorize the City of Seward to contact my former employers and any persons to respond to questions pertaining to information on this application. Further, I release from liability such former employers or persons providing information to the City of Seward. I understand the benefits, rules and policies of the City of Seward may be changed, modified, eliminated or added to at any time at the City of Seward’s sole discretion and without prior notice.**

Applicant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**PLEASE NOTE: All applicants MUST be able to successfully pass a criminal background check. Applicants applying for a safety position MUST be able to successfully pass a drug test.**

**Please check your application to be sure you have filled it out completely. Read the application requirements on the Job Announcement to be sure you are including any additional material requested.**

Where did you first learn about this job?

<input type="checkbox"/> City Website	<input type="checkbox"/> City Employee
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend
<input type="checkbox"/> Posted Job Announcement at _____	<input type="checkbox"/> Other (specify) _____