



# EMPLOYMENT APPLICATION HAINES BOROUGH, ALASKA

P.O. BOX 1209, HAINES, AK 99827

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Please do not send photographs of applicant with application. **Once submitted to the Borough, applications become public record and are subject to public review. Conditions of employment are stated at the end of this application. Please read it carefully before signing.**

(PLEASE PRINT OR TYPE)

IF REQUESTED INFORMATION IS INCLUDED ON AN ATTACHED RESUMÉ, YOU MAY INDICATE "SEE RESUMÉ"

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Telephone Number	Other Telephone	E-mail	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Best time to contact you at home is: \_\_\_\_:\_\_\_\_ am/pm

Are you currently employed?  Yes  No

May we contact you at work?  Yes  No If so, Phone # \_\_\_\_\_ Best time: \_\_\_\_:\_\_\_\_ am/pm

May we contact your present employer?  Yes  No

Have you ever been employed by the Haines Borough before?  Yes  No

If yes, give dates \_\_\_\_\_ to \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

*Proof of identity and eligibility will be required upon employment*

Can you travel if the job requires it?  Yes  No

Date you can be available to start work \_\_\_\_/\_\_\_\_/\_\_\_\_

Check all times you are available to work:

\_\_\_\_ Full Time    \_\_\_\_ Part Time    \_\_\_\_ Shift Work    \_\_\_\_ Temporary    \_\_\_\_ Flexible Schedule  
\_\_\_\_ Mornings    \_\_\_\_ Afternoons    \_\_\_\_ Evenings    \_\_\_\_ Weekends

In the last ten years, have you been convicted of a felony or a misdemeanor that resulted in imprisonment?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment. The Borough will consider such factors as the amount of time that has elapsed since the conviction and the seriousness and nature of the crime.*

If yes, explain \_\_\_\_\_

Have you ever been discharged from employment or asked to resign?  Yes  No

If yes, explain: \_\_\_\_\_

THE HAINES BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree Received
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your most recent job, and include any job-related military service assignments and volunteer activities. You may exclude organizations that could indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
May We Contact Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
May We Contact Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
May We Contact Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting                      Final		
Supervisor			
May We Contact Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving

Comments: Include explanation of any gaps in employment.


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


List professional, trade, business or civic activities you consider relevant to your ability to perform the job.


**Additional Information**

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.


**Specialized Skills (Skills/Equipment Operated)**

<input type="checkbox"/> PC	<input type="checkbox"/> Spreadsheet	<b>Machinery (list)</b>	<b>Other (list)</b>
<input type="checkbox"/> MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
<input type="checkbox"/> 10-Key Calculator		_____	_____

*State any additional information you feel may be helpful to us in considering your application. Attach additional sheet, if necessary.*


**Note: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS AND ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? A summary of the essential functions involved in the job or occupation has been given.

YES       NO

Personal/Professional References	Do not include family members or past supervisors listed above		
Name	Phone No.	Address	Occupation
1 .			
2 .			
3 .			

## NOTIFICATION AND AGREEMENT

Please Read Carefully Before Signing

**I CERTIFY THAT ALL MY RESPONSES ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACT ON THIS APPLICATION (OR ANY OTHER STATEMENT OR DOCUMENT) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. Receipt of the application does not imply that the applicant will be employed.

By my signature below, I consent to the Borough's conferring with any and all of my former employers concerning my performance and reviewing publicly available documents and databases relevant to my application. I understand that the Borough will treat all such information as it would any personnel record, and I release the Borough and its management from all liability related to any action to which I have consented herein.

If hired, I agree to abide by all of the Borough's rules and regulations. I understand that the Borough shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits and other terms or conditions of employment.

I hereby affirm that the information given in this Application is true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Borough until after my becoming employed, is grounds for, and may result in, my immediate termination.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information I have supplied on this application.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

It is the policy of the Haines Borough to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, sexual orientation, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law.

## OPTIONAL INFORMATION

The following information is being gathered for compliance with civil rights laws. **You may choose not to complete this section.** If you choose to, your answers will be used *ONLY* for record-keeping and employee data reporting purposes if you are hired. This voluntary information will not be used in the hiring process.

Gender: <input type="checkbox"/> Male	Race: <input type="checkbox"/> Alaskan Native or American Indian
<input type="checkbox"/> Female	<input type="checkbox"/> Asian
Age: <input type="checkbox"/> Under 40 years old	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Age 40 or older	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> White, not of Hispanic origin