



## Employment Application

Applicants are required to request any necessary accommodations during the application, testing or interviewing process.

Please print clearly and fill out application completely. Please do not use "see resume". You are encouraged to attach a resume and cover letter. Ask for an explanation of any questions you do not understand. Incomplete applications will not be accepted.

The City of Saxman is an equal opportunity employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability or parenthood.

Return completed application to:

City of Saxman

Attn: Hiring Assistant

Rt2 Box1

Ketchikan AK 99901

OR

[cityclerksaxman@kpunet.net](mailto:cityclerksaxman@kpunet.net)

Subject: Application

OR

Fax: 907-225-6450

Attn: Hiring Assistant

# Employment Application



Applicant Information			
Last Name:	First Name:	MI:	Date:
Street Address:		Apartment/Unit #	
City	State:	Zip:	
Date Available:		Email:	
Position Applied For:		Expected Salary:	
Are you a Citizen of the United States?		Are you legally authorized to work in the U.S.?	
Have you ever worked for the City of Saxman?		If so when:	
Have you ever been convicted of a felony?		If yes, attach an explanation to your application.	
Driver's License Number:		Number:	

Education			
High School		Address	
From	To	Did you Graduate?	Degree:
College		Address	
From	To	Did you Graduate?	Degree:
Other		Address	
From	To	Did you Graduate?	Degree:

References:	
<i>Please List three professional references</i>	
# 1: Full Name	Relationship
Company	Phone
Email	
#2: Full Name	Relationship
Company	Phone
Email	
#3: Full Name	Relationship
Company	Phone
Email	

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Previous Employment <i>Please provide 10 years or to High School, whichever is less. Attach additional sheets as necessary.</i>	
Company	Phone
Supervisor	Job Title
Responsibilities:	
Reason for leaving:	May we contact for a reference?
Company	Phone
Supervisor	Job Title
Responsibilities:	
Reason for Leaving:	May we contact for a reference?
Company	Phone
Supervisor	Job Title
Responsibilities:	
Reason for Leaving:	May we contact for a reference?
Military Service	
Branch:	From                      To
Rank at Discharge	Type of Discharge
<i>If other than honorable, explain on an attached sheet</i>	

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Please check mark any of the following office skills you are proficient in:		
<input type="checkbox"/>	Keyboard	
<input type="checkbox"/>	Apple Computer	
<input type="checkbox"/>	PC (IBM compatible) Computer	
<input type="checkbox"/>	Smart Phone	
<input type="checkbox"/>	iPad/Tablet style device	
<input type="checkbox"/>	Telecommunications	
<input type="checkbox"/>	Paper filing	
<input type="checkbox"/>	Title 29	
<input type="checkbox"/>	Meeting Minutes	
<input type="checkbox"/>	Meeting Agenda	
<input type="checkbox"/>	Transcription	
<input type="checkbox"/>	Municipality/Fund Accounting	
<input type="checkbox"/>	Municipality Budgeting	Largest Budget Managed:
<input type="checkbox"/>	Ordinances/Resolutions	
Please check mark any of the following software you are proficient in:		
<input type="checkbox"/>	Windows 97	
<input type="checkbox"/>	Windows 10	
<input type="checkbox"/>	Outlook	
<input type="checkbox"/>	Word	
<input type="checkbox"/>	Excel	
<input type="checkbox"/>	Publisher	
<input type="checkbox"/>	Google	
<input type="checkbox"/>	Intuit	
<input type="checkbox"/>	Mac OS	
<input type="checkbox"/>	Adobe	
<input type="checkbox"/>	Power Point	
<input type="checkbox"/>	Key Note	
<input type="checkbox"/>	Pages	

Any other skills you think are pertinent to the position you are applying for:

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Disclaimer and signature	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If I do not personally submit this application to the City of Saxman, I will attach a notary statement attesting to my signature.	
Signature	Date

State of : \_\_\_\_\_

Judicial District (or County of \_\_\_\_\_ or Municipality of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20 \_\_\_\_\_, before me, the undersigned notary public, personally appeared: \_\_\_\_\_

known to be to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purpose therein contained.

Notary Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Stamp: