



## APPLICATION FOR EMPLOYMENT

### INSTRUCTIONS:

1. Complete the Application for Employment.
2. A resume may be attached to application, but will *not* be accepted in lieu of application.
3. Attach any required testing results.
4. Completed application packets should be submitted to:

Human Resources  
Kodiak Island Borough  
710 Mill Bay Road, Rm.102  
Kodiak, Alaska 99615  
Email: mchristiansen@kodiakak.us

Or

Kodiak Job Center  
211 Mission Road, Suite 103  
Kodiak, Alaska 99615  
Fax: (907)486-4716

**\*All applicants will be given a numerical rating based on experience, education, and coursework that is relevant to the position. It is recommended that applicants provide a detailed summary of this information.**

### **THE KODIAK ISLAND BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Kodiak Island Borough to comply with all applicable state and federal laws prohibiting discrimination in employment based on gender, race, religion, national origin, age, ancestry, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Kodiak Island Borough

Phone: (907) 486-9301

Fax: (907) 486-9390

Revised 3/2021

Position you are applying for \_\_\_\_\_

Pay Expected \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS** (if hired verification will be required):

- I am legally eligible for employment in the United States YES NO
- I am over 18 years of age YES NO
- Are you seeking temporary work? YES NO From \_\_\_\_\_ To \_\_\_\_\_
- Are you available Full Time? YES NO  
(If no, please specify days and hours that you are available): \_\_\_\_\_
- Have been employed by the Kodiak Island Borough? YES NO (If yes, please enter dates) \_\_\_\_\_
- Have you ever been convicted of a felony? YES NO  
(If yes, please describe. Conviction will not automatically disqualify an applicant for employment): \_\_\_\_\_

**EDUCATION**

Type	Name/Address	Years Completed	Area of Study	Degree or Diploma
High School				
Undergraduate College/University				
Graduate/Professional				

List additional coursework you have completed and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any licenses and certifications you hold:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT** List all present and past employment, beginning with the most recent:

**MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No**

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title & Specific Duties: From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

.....  
Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title & Specific Duties: From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

.....  
Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title & Specific Duties: From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

.....  
Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title & Specific Duties: From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Job Title & Specific Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Job Title & Specific Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Job Title & Specific Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

**ADDITIONAL SKILLS AND EXPERIENCE** *(Please list information that is relevant to the position):*

\_\_\_\_\_  
\_\_\_\_\_

Please circle all computer programs you have experience operating:

Word      Excel      PowerPoint      Access      WordPerfect      Email  
GIS      AutoCAD      Internet

Any other computer or software experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, list any hand tools you operate:

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If applicable, list any equipment you operate:

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List two references that are not relatives or former supervisors:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>
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Please list any additional information, skills, qualifications, or experiences that you think would especially qualify you for this position:

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**PLEASE READ AND SIGN THE FOLLOWING AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Kodiak Island Borough to make an investigation of any of the facts set forth in this application.

I give the Kodiak Island Borough the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Kodiak Island Borough and its representatives for seeking such information and all other persons, corporations or organizations, for furnishing such information.

I understand that if hired, I will be required to present specific documents that establish my identity and work authorization. I will be required to provide proof of authorization to work in the United States of America. I understand that if I cannot produce the required documents (or prove that I have applied for the required documents) within three (3) business days of hire, my employment will not be continued. I further understand that if I show proof that I have applied for a required document, I have 21 business days from the date of my hire to present the document(s) to the Kodiak Island Borough or my employment will not continue.

I understand that if required by my position, I may be asked to provide the following documents: birth certificate, physical examination and /or drug test, driver's license, driving record.

In the event of my employment by the Kodiak Island Borough, I understand that false or misleading information given in my application or interview(s) may result in my dismissal. I understand also that I may be required to sign a conflict of interest agreement and/or confidentiality agreement. I agree to abide by all rules and regulations of the Kodiak Island Borough.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## APPLICANT DATA RECORD

Qualified applicants are considered for all positions, and employees are treated during employment without regard to gender, race, religion, national origin, age, ancestry, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record.

The Applicant Data Record is for periodic government reporting and will be kept in a confidential file, separate from the Application for Employment.

**Completion of this form is optional; you are not required to provide this information.**

### PLEASE PRINT

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you find out about this opening? (*circle one*) Newspaper Internet Friend  
Job Service Relative Other \_\_\_\_\_

### Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Circle One: Male Female

Circle One: African/American  
American Indian/Alaskan Native  
Asian/Pacific Islander  
Caucasian  
Hispanic

Circle any that apply: Vietnam Era Veteran Disabled Veteran Disabled Individual