



Employment Application

INSTRUCTIONS

The Human Resources Department represents all City of Fairbanks departments. We only accept applications for positions for which we are currently recruiting, except Police Department and Fairbanks Emergency Communications Center positions are accepted year around, and require substantial and in-depth criminal and standards of character background checks. We do not retain other applications or hold them for future use. Current openings are posted on our website (www.fairbanksalaska.us), bulletin board at Patrick B. Cole City Hall, advertised in the Fairbanks Daily News-Miner on Sundays, Wednesdays and Fridays, and sent to the State of Alaska Jobsite (ALEXsys). In compliance with the City of Fairbanks Affirmative Action Plan, notices are also disseminated to various labor, minority, disabled persons and family-oriented service organizations.

Applicants must complete a separate application for each position. Once a position is filled, all applications received for that position are retired to an archive file and will not be considered for any new openings unless requested by the department head to hold for future consideration.

A resume may be attached to the employment application. However, all fields on the application must be completed. Failure to complete the application form may disqualify applicants from consideration.

After the closing date of the posted vacancy, an initial screening will take place before the applications is sent to the appropriate department head. Applicants identified as potential job candidates will be notified by telephone or e-mail for an interview. Letters of notification may be sent to those not selected to complete the process. For Police and Fire Department applicants, a notice of testing date and place will be sent to all qualified applicants. If you have employment application questions, you may contact the Human Resources Department by e-mail (jobs@ci.fairbanks.ak.us) or (907) 459-6780 between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, or you may leave a message after office hours.

Applicants should mail, fax or e-mail complete applications to the City of Fairbanks Human Resources Department on or before the recruitment closing date.

Mail: City of Fairbanks
Human Resources Department
800 Cushman Street
Fairbanks, Alaska 99701

Fax: 907-459-6731

E-mail: jobs@ci.fairbanks.ak.us

The City of Fairbanks does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, age, disability, genetic information, or status as a Veteran in employment, programs, services or activities in accordance with Federal, State and Municipal laws. The City of Fairbanks is an **AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.**

City of Fairbanks Employment Application



THIS APPLICATION MUST BE COMPLETED IN FULL
(Resumes are accepted but cannot be used as a substitute for any section of this application)
A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION FOR WHICH YOU APPLY

POSITION APPLYING FOR: _____

APPLICANT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ ALT PHONE: _____ E-MAIL: _____

OTHER NAMES or MAIDEN NAMES YOU HAVE WORKED UNDER: _____

Are you now or have you ever been employed by the City of Fairbanks? YES NO

If YES, please give title, department and dates:
(do not include FNSB employment) _____

Social Security Number and Date of Birth must be disclosed at a later time for the purpose of any background investigation.

Can you be lawfully employed in the United States?
(You will be required to provide, within 72 hours of hire, Employment Eligibility Verification Documents) YES NO

Have you ever been convicted of a felony? YES NO

If YES to felony conviction, please explain on a separate sheet of paper. A conviction record will not necessarily be a bar to employment.

List Relatives Employed by the City (do not include FNSB employees):

Name _____ Job Title _____ Relationship _____

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APPLICANT CERTIFICATION (please read and sign below)

I understand the City of Fairbanks is subject to the Alaska Public Records Act, AS 09.25.110. My application for employment and other documents concerning me may be subject to public disclosure under state law.

I certify that all information provided in this application and any attachments is true. I understand that any false statement made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize the City of Fairbanks, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education or military background; to obtain a 'consumer report' and/or 'investigative consumer report' as defined by the Fair Credit Reporting Act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I may be required to sign separate consent forms for this purpose. I understand that I will be required to furnish my Social Security Number and date of birth as information required to perform investigations and background checks.

I understand that no offer of salary or benefits is final until approved by the Mayor and appropriate City officials.

Applicant Signature: _____ Date: _____

APPLICATION WILL BE REJECTED IF NOT SIGNED AND DATED BY APPLICANT

EDUCATION AND TRAINING

High School Diploma GED I'm still attending High School at: _____

HIGH SCHOOL, GED & VOCATIONAL TRAINING SCHOOLS

Name & Location of School	Dates Attended	Diploma, Degree or Certification	Major or Course Title

COLLEGE 1 Year 2 Years 3 Years 4 Years 4+ Years

College or University Name: _____

Dates Attended From: _____ To: _____ Major: _____

Diploma or Degree: _____ Date Received: _____

Graduate School Name: _____

Dates Attended From: _____ To: _____ Major: _____

Diploma or Degree: _____ Date Received: _____

List any certifications or licenses you hold pertinent to the position for which you are applying.

Title	State or Licensing Agency	Expiration Date

Do you have a valid driver's license? YES NO Driver's License Number: _____ State Issued: _____

Do you have a commercial driver's license? YES NO Class: _____ Endorsements: _____

Describe your office equipment operation skills

Typing Speed (WPM) _____ 10-Key by touch? YES NO Cash handling experience? YES NO

MUNIS Trained? YES NO Which Applications: _____

Rate your proficiency with the following applications:

List other computer software / programs:

M.S. Word	<input type="text"/>
Excel, Spreadsheets	<input type="text"/>
Access Databases	<input type="text"/>
Desktop Publishing	<input type="text"/>

DESCRIBE YOUR SHOP EQUIPMENT OPERATION SKILLS (Pertaining to the position for which you are applying)

Heavy / Light Equipment Types: _____

Power Tools: _____

Hand Tools: _____

Can you work under adverse weather conditions? YES NO

PLEASE LIST 3 PERSONAL / PROFESSIONAL REFERENCES (People who have known you for at least 10 years)

Name Job Title Organization City / State Phone

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EMPLOYMENT HISTORY

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience for the **past 10 years**. Please be sure to describe completely duties performed, which could demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The City will conduct background checks to verify information on applications.

NAME AND ADDRESS OF EMPLOYER

Dates Employed From: _____ To: _____

Hours Per Week: _____

Ending Salary / Wages: _____

Phone Number: _____ May we contact this employer? YES NO

Supervisor's Name: _____ Supervisor's Title: _____

Did you supervise in this position? YES NO How many? Youth (under 18 yrs old) _____ Adult (18+ yrs old) _____

Your Job Title: _____ Reason for leaving: _____

Duties:

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_____ Hours Per Week: _____

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Duties:



City of Fairbanks

Equal Opportunity Employment (Optional Form)

It is the policy of the City of Fairbanks to refrain from employment discrimination and to take affirmative action to realize full and equal opportunity for women, minorities, disabled persons, Veterans of the Vietnam era, special disabled veterans, and other eligible veterans. If you believe you could benefit from the City's Affirmative Action program and would like to be included, please complete this form. The information you provide will be kept confidential and will in no way adversely affect any employment decision. Refusal to provide the information will in no way affect your application or eligibility for employment.

POSITION APPLYING FOR: _____

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

Date of Birth: _____ **Sex:** _____ **Ethnic Origin:** _____

Do you qualify under the Veterans Employment Opportunities Act (VEOA) for Affirmative Action? _____

If YES to VEOA which Veteran status do you wish to claim? _____ **Discharge Date:** _____

Do you have an Armed Forces Service Medal? _____ **Do you have a Campaign Badge or Expeditionary Medal ?** _____

Do you require any special accommodations to perform the essential functions of the job? _____

If YES, please explain: _____

Ethnic Heritage Groups:

White (not of Hispanic origin). A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (not of Hispanic / Latino origin). A person having origins in any of the Black racial groups of Africa.

Hispanic / Latino. A person of Mexican, Puerto Rican, Cuban or South American or other Spanish culture or origin, regardless of race.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. The area includes, for example, China, Japan, Korea, the Philippine Islands.

Native Hawaiian or Pacific American. A person having origins in any of the original peoples of the Hawaiian Islands or the Pacific Islands.

American Indian or Alaska Native. A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Two or More Races. A person who identifies with more than one of the above races.

Applications from all persons are welcomed. Women, members of minority groups, disabled persons and Veterans who fall under the Veterans Employment Opportunities Act, are especially encouraged to apply. The City of Fairbanks does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, age, disability, genetic information, or status as a Vietnam era veteran in employment, programs, services or activities, as prescribed by Title VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and AS 18.80.220.

City of Fairbanks

Waiver and Authorization to Release Information



I authorize the City of Fairbanks to request from the Fairbanks Police Department, Alaska Department of Public Safety or other appropriate agency, who will furnish to the City of Fairbanks or third party investigator, any and all information that they have concerning me, my work records, my reputation, my military service records, my financial status and credit rating. Information of a confidential or privileged nature may be included. The information will be used to assist in determining my qualifications and fitness for the position I am seeking. I further understand that the information furnished will not be disclosed to any person not connected with the City of Fairbanks, including myself.

I understand my rights under Alaska Statutes 45.48 and Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the City of Fairbanks and retained by the City of Fairbanks in confidence.

I hereby release the City of Fairbanks, its employees, contractors and others from any liability or damage which may result from furnishing the information requested.

Applicant Signature: _____

Date: _____

NOTE: A photocopy reproduction of this authorization shall be, for all intents and purposes, as valid as the original. Please retain this form in your files.