



Application for Employment

PRE-EMPLOYMENT DRUG SCREENING REQUIRED

*THE CITY AND BOROUGH OF WRANGELL IS AN
EQUAL OPPORTUNITY EMPLOYER AND PROVIDER*

Applicant Name: _____ *Date:* _____

*205 Brueger Street
PO Box 531
Wrangell, AK 99929
www.wrangell.com*

*(907) 874-2381
FAX (907) 874-3952*

CITY & BOROUGH OF WRANGELL

Employment Application Form

Additional Information required by Borough Charter:

1. Are you related to any Borough Assembly Member or Mayor? _____

If yes, explain relationship _____

2. Are you related to the Borough Manager? _____

If yes, explain relationship _____

3. Are you related to anyone currently working with the City & Borough of Wrangell?

If yes, explain relationship, department they work in, and name of employee

City and Borough of Wrangell

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name

Last

First

Middle

Street Address

Street

City

State

Zip

Mailing Address

Street

City

State

Zip

Home Phone No.

Alternate Phone No.

Are you 18 years or older?

Yes

No

EMPLOYMENT DESIRED

Position

Full-Time

Part-Time

Salary
Desired \$

Are you employed now?

If so, may we inquire of
your present employer?

Have you ever worked for the City and Borough of Wrangell?

When?

Referred by:

Newspaper _____

City Website _____

Friend _____

Other _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

Name	Phone Number	Address	Years Acquainted
1			
2			
3			

EDUCATIONAL BACKGROUND

Are you a high school graduate or have you passed a general education development (G.E.D.) test? Yes _____ No _____

Name and Location of High School: _____

List colleges, universities or professional schools attended. If more space is needed, attach additional copies.

School Name & Location	Major/Minor or Course of Study	Hours Completed	Degree

List any other job-related training or coursework: (vocational, trade, governmental, business, armed forces)

Job Related Training or Coursework	Course of Study	Hours Completed

List job-related licensure, registration or certification (trade licenses, EMT license, CLEET certification, CDL license, etc.)

License, Registration or Certification	Number	Expiration Date	Licensing Agency or Board

List other work related skills. I.e. computer experience and/or equipment experience.

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Are you related to any Borough Assembly Member, Mayor, or Borough Manager? Yes No

If yes, explain relationship _____

Are you related to anyone currently working with the City and Borough of Wrangell? Yes No

If yes, explain relationship, department they work in, and name of employee? _____

Have you ever been convicted or pled guilty, no contest or had a suspended imposition of sentence to a crime? (This information does not in itself disqualify you for employment) Yes No to a felony? Yes No

“I certify that all the information submitted by me on this application and any attachments are true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. I understand that all job offers are made contingent upon successful completion of a pre-employment drug screen and background check. I authorize the City and Borough of Wrangell to contact my previous employers, references, and educational institutions regarding my background and employment history.”

Date: _____ Signature: _____

EMPLOYMENT HISTORY

Begin with your current or most recent job. Include military service (indicate rank) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. All information in this section must be completed. Resumes can be attached as a substitute for this section of the application. Employers and supervisors may be contacted regarding your work experience. Please submit at least ten years of employment experience. If more space is needed, attach additional pages.

Employer's Name and Phone Number: _____

Title of Your Position: _____

Dates of employment from _____ to _____

Examples of Duties: _____

Ending Salary: _____ Supervisor's name and title: _____

Reason for leaving: _____

Employer's Name and Phone Number: _____

Title of Your Position: _____

Dates of employment from _____ to _____

Examples of Duties: _____

Ending Salary: _____ Supervisor's name and title: _____

Reason for leaving: _____

Employer's Name and Phone Number: _____

Title of Your Position: _____

Dates of employment from _____ to _____

Examples of Duties: _____

Ending Salary: _____ Supervisor's name and title: _____

Reason for leaving: _____
