



**APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_

*Note: Please fill out to the best of your ability. Incomplete applications may result in disqualification from further consideration.*

1. POSITION TITLE: \_\_\_\_\_ 2. JOB ANNOUNCEMENT #: \_\_\_\_\_

**PERSONAL INFORMATION**

3. LEGAL NAME: \_\_\_\_\_ 4. OTHER NAMES UNDER WHICH YOU HAVE WORKED: \_\_\_\_\_  
 LAST FIRST M.I.

5. MAILING ADDRESS: \_\_\_\_\_  
 Street Address Apartment/Unit  
 City State Zip Code

6. TELEPHONE NUMBER: Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

7. EMAIL ADDRESS: \_\_\_\_\_

8. Are you 18 years or older? Yes  No  If no, Birthdate: \_\_\_\_\_

9. Are you a citizen of the United States or authorized to work in the United States? Yes  No

10. Are you currently or have you ever been employed by CBJ? Yes  No

If yes, please list the Position Title(s) and dates of employment: \_\_\_\_\_

11. Are you related by blood, marriage, or domestic partnership to a CBJ employee? Yes  No

If yes, please list below:

Name	Relationship	Department

**CERTIFICATE OF APPLICANT AND AUTHORIZATION TO VERIFY INFORMATION**  
*IMPORTANT: PLEASE READ BEFORE SIGNING THIS APPLICATION*

I HEREBY CERTIFY that all the information made on, or in connection with, this application is true and complete to the best of my knowledge and belief, and that I have not knowingly withheld any fact or circumstances. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application, removal from eligible lists or discharge from employment. I understand that consideration for employment in this position is contingent upon the results of a reference and/or background check. I therefore authorize the City and Borough of Juneau to investigate all statements made on my application for employment, and to discuss the results of its investigations with those responsible for hiring. I further authorize the City and Borough of Juneau to contact my former employers and any persons to respond to questions pertaining to the information on this application. Further, I release from liability such former employers or other persons providing information to the City and Borough of Juneau. I understand that the benefits, rules, and policies of the City and Borough of Juneau may be changed, modified, eliminated, or added to at any time at the City and Borough of Juneau's sole discretion and without prior notice.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

**For Email Submissions only:** By submitting this form electronically, the applicant certifies that the information is correct and acknowledges that the application will need to be signed to certify the information prior to interviewing for any position.

**HR OFFICE USE ONLY**  
 Applicant #: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered by: \_\_\_\_\_



12. Please indicate the highest level of education you have completed and indicate how many years you completed:

High School	Highest Grade Level Completed: _____			
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	High School Equivalency Certificate (GED): Yes* <input type="checkbox"/> No <input type="checkbox"/> <i>*If you received a GED, please complete the GED box below. If you do not provide the GED information, your application may be disqualified.</i>			
GED	State: _____	Cert. Number: _____	Date Completed: _____	

Name, City, State, Type of School	Qtrs Hrs. Completed	Semester Hrs. Completed	Degree(s) received	Major/Minor or Area of Study (for Vocational/Trades)

**SPECIAL QUALIFICATIONS**

13. Please list any special qualifications that may be required or useful in this position. This would include licenses or certifications.

Type	Issued By	Expiration Date

14. Driver License(s):	Number	CDL Only Class Type	State of Issuance	Expiration Date
State License				
Commercial Driver's License (CDL)				

15. Office equipment operation skills:

Typing speed: _____ /WPM	Cash Handling Experience: Yes <input type="checkbox"/> No <input type="checkbox"/>
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16. Computer application skills (rate your proficiency):

Application	None <input type="checkbox"/>	Beginning <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
WORD	None <input type="checkbox"/>	Beginning <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
EXCEL	None <input type="checkbox"/>	Beginning <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>
OTHER: List below	None <input type="checkbox"/>	Beginning <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>

17. List other types of relevant office equipment and/or machinery you can operate:



**EMPLOYMENT HISTORY**

Employer Name:	Dates of Employment: From: _____ To: _____
Employer Address (street,city,state):	Last Job Title:
Annual Salary: _____ Hourly Rate: _____	Hours Worked Per Week:
Supervisor's Name & Title:	Did you supervise?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many?:
Is it ok for CBJ to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Phone Number:
<b>Please list, in order of importance, the primary duties that relate to the position you are applying for:</b>	
Reason for leaving:	
Employer Name:	Dates of Employment: From: _____ To: _____
Employer Address (street,city,state):	Last Job Title:
Annual Salary: _____ Hourly Rate: _____	Hours Worked Per Week:
Supervisor's Name & Title:	Did you supervise?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many?:
Is it ok for CBJ to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Phone Number:
<b>Please list, in order of importance, the primary duties that relate to the position you are applying for:</b>	
Reason for leaving:	
Employer Name:	Dates of Employment: From: _____ To: _____
Employer Address (street,city,state):	Last Job Title:
Annual Salary: _____ Hourly Rate: _____	Hours Worked Per Week:
Supervisor's Name & Title:	Did you supervise?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many?:
Is it ok for CBJ to contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Phone Number:
<b>Please list, in order of importance, the primary duties that relate to the position you are applying for:</b>	
Reason for leaving:	



**REFERENCES**

18. Please list up to 3 professional references that can be contacted to verify your knowledge, skills, abilities, and general work behaviors. If you have no prior work experience, please list personal references.

Reference Name	Job Title/Relationship to You	Contact phone #
1.		
2.		
3.		

19. How soon would you be able to report to work after being notified that you had been hired?

20. COMMENTS:

**VETERAN'S INFORMATION**

Per CBJ Personnel Rule 4 PR 021: When an applicant is a veteran who has been Honorably discharged from military service, the Department Director will give a preference in ranking to the applicant, increasing the score of an eligible applicant by 10% for use in the selection process.

*\*This preference does not apply to Partially Exempt positions.*

If eligible, the applicant must be able to submit their DD214 at time of appointment.

I am a veteran who has been given an Honorable Discharge:      Yes     N/A

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Where did you FIRST learn about this job?

- |   |   |
|---|---|
| a. <input type="checkbox"/> Job Service                       | b. <input type="checkbox"/> City and Borough Employee   |
| c. <input type="checkbox"/> Posted Job Announcement at: _____ | d. <input type="checkbox"/> TV Scanner Channel 4  |
| e. <input type="checkbox"/> Newspaper: _____                  | f. <input type="checkbox"/> Internet Site: <a href="http://www.Juneau.org">www.Juneau.org</a> |
| g. <input type="checkbox"/> Professional Publication: _____   | h. <input type="checkbox"/> Job Fair: _____   |
| i. <input type="checkbox"/> Friend                            | j. <input type="checkbox"/> Other - please provide details: _____                             |



**CRIMINAL CONVICTION INFORMATION**

NAME:	JOB ANNOUNCEMENT #:
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**The information you provide below is required in order to submit a completed application.**

Failure to answer the questions below will disqualify you from the application process. Failure to disclose the information truthfully may impact your ability to apply for future positions at the City and Borough of Juneau.

The information you disclose may be shared with the hiring manager during the selection process on a case by case basis depending on the position applied for.

\*In most CBJ positions, a conviction is not an absolute barrier to employment.

Have you been <b>convicted</b> of a misdemeanor within the last five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe in full:
Have you ever been <b>convicted</b> of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe in full:



**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION (VOLUNTARY FORM)**

It is the policy of the City and Borough of Juneau to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form and only accessed by the Human Resources-Risk Management Department.

DATE: \_\_\_\_\_

Position you are applying for:	Job Announcement #:
Date of Birth:	Social Security Number:

**Please Check One Box**

	FEMALE	MALE
Hispanic or Latino	<input type="checkbox"/> BB	<input type="checkbox"/> AA
White (Not Hispanic or Latino):	<input type="checkbox"/> II	<input type="checkbox"/> CC
Black or African-American (Not Hispanic or Latino)	<input type="checkbox"/> JJ	<input type="checkbox"/> DD
Native Hawaiian or other Pacific Islander (Not Hispanic or Latino):	<input type="checkbox"/> LL	<input type="checkbox"/> FF
Asian (Not Hispanic or Latino):	<input type="checkbox"/> KK	<input type="checkbox"/> EE
American Indian or Alaska Native (Not Hispanic or Latino):	<input type="checkbox"/> MM	<input type="checkbox"/> GG
Two or more races (Not Hispanic or Latino):	<input type="checkbox"/> NN	<input type="checkbox"/> HH

**Definitions of Racial and Ethnic Groups**

<b>Hispanic or Latino:</b>	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or Origin regardless of other race
<b>White (Not Hispanic or Latino):</b>	A person having origins in any of the original peoples of Europe, the Middle East or north Africa
<b>Black or African-American (Not of Hispanic or Latino):</b>	A person having origins in any of the Black racial groups of Africa.
<b>Native Hawaiian or Pacific Islanders (Not Hispanic or Latino):</b>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>Asian (Not Hispanic or Latino):</b>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<b>American Indian or Alaskan Native (Not Hispanic or Latino):</b>	<p><u>American Indian:</u> A person having origins in any of the original peoples of North &amp; South America (not including Alaska; including Central America), and who maintain tribal affiliation or community attachment.</p> <p><u>Alaska Native:</u> A person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliations or community recognition. Alaskan Native may include any person of Yup'ik, Inupiat, Aleut, Athabaskan, Tlingit, Haida or Tsimshian origins.</p>
<b>Two or More Races (Not Hispanic or Latino):</b>	All persons who identify with more than one of the above five races



**U.S. Department of Justice Immigration and Naturalization Service  
 Employment Eligibility Verification List of Acceptable Documents**

<p><b>LIST A</b></p> <p>Documents that Establish Both Identity and Employment Eligibility</p>	<p><b>OR</b></p>	<p><b>LIST B</b></p> <p>Documents that Establish Identity</p> <p><i>If you are providing a document from List B, you will also need to provide a document from List C.</i></p>	<p><b>AND</b></p> <p><b>LIST C</b></p> <p>Documents that Establish Employment Eligibility</p> <p><i>If you are providing a document from List C, you will also need to provide a document from List B.</i></p>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-1551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa.</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. In the case of a nonimmigrant alien authorized to work from a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has non yet expired and the proposed employment is not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Island (RMI) with Form I-94 indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.</li> <li>2. ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.</li> <li>3. School ID card with photograph.</li> <li>4. Voter's registration card.</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card.</li> <li>7. U.S. Coast Guard Merchant Mariner card.</li> <li>8. Native American tribal document.</li> <li>9. Driver's license issued by a Canadian government authority.</li> </ol> <p>For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card.</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Daycare or nursery school record.</li> </ol>	<ol style="list-style-type: none"> <li>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of a birth certificate issued by a State, county, municipal authority or outlying possession of the United States bearing an official seal.</li> <li>5. Native American tribal document.</li> <li>6. U.S. citizen ID card (Form I-197)</li> <li>7. Identification Card for use of Resident Citizen in the United States (Form I-179).</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>