

Application for Employment

PRE-EMPLOYMENT DRUG SCREENING REQUIRED

Applicant Name:______ Date:_____

205 Brueger Street PO Box 531 Wrangell, AK 99929 www.wrangell.com (907) 874-2381 FAX (907) 874-3952

City and Borough of Wrangell

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

ATION				
Last	First		Middle	
Street	City	State	Zip	
Street	City	State	Zip	
	Alternate Phone No.			
r? Yes	No			
RED				
			Salary Desired \$	
	If so, may we inquire of			
	your present employer?			
or the City and Borou	gh of Wrangell?	When?		
Newspaper	City Website	Friend	Other	
persons not related to	you, whom you have known	at least one year.	•	
	Phone			Years
me	Number	Address		Acquainted
	Street Street T? Yes RED Or the City and Borou Newspaper	Street City Street City Alternate Phone No. r? Yes No Full- Time If so, may we inquire of your present employer? or the City and Borough of Wrangell? Newspaper City Website persons not related to you, whom you have known Phone	Street City State Street City State Alternate Phone No. Part- Time Time Time If so, may we inquire of your present employer? Por the City and Borough of Wrangell? When? Persons not related to you, whom you have known at least one year Phone	Street City State Zip Street City State Zip Alternate Phone No. r? Yes No Salary Part-Time Salary Desired \$ If so, may we inquire of your present employer? or the City and Borough of Wrangell? When? Newspaper City Website Friend Other persons not related to you, whom you have known at least one year. Phone

EDUCATIONAL BACKGROUND

Are you a high school graduate or h	ave you pass	ed a general ed	ucation development (G.E.)	D.) test?	Yes	No
Name and Location of High School	:					
List colleges, universities or profess	ional schools	s attended. If m	ore space is needed, attach	addition	nal copie	es.
School Name & Location		Major/Minor or Course of Study		Hours Completed		Degree
List any other job-related training or	r coursework	: (vocational, tr	ade, governmental, busines	ss, armed	l forces)	1
Job Related Training or Coursework		Course of Study			Hours Completed	
List job-related licensure, registration	on or certifica	ntion (trade lice	nses, EMT license, CLEET	certifica	ation, Cl	DL license, etc.)
License, Registration or Certification		Number Expiration Date			Licensing Agency or Board	
List other work related skills. I.e. co	omputer expe	erience and/or e	quipment experience.			
16 1 6 11 1	•	1 1: 4:		•		
Are you prevented from lawfully be Are you related to any Borough Ass If yes, explain relationship Are you related to anyone currently If yes, explain relationship	eembly Memb	ber, Mayor, or I	Borough Manager? Yes Borough of Wrangell? Yes	No□ □ No		
Have you ever been convicted or ple information does not in itself disqua						e? (This
"I certify that all the information sul understand that if any false informal understand that all job offers are ma background check. I authorize the of educational institutions regarding m	tion, omission de contingen City and Bord	ns, or misrepresent upon successfough of Wrange	sentations are discovered, n ful completion of a pre-emp ful to contact my previous e	ny applic oloymen	cation m t drug sc	ay be rejected. I creen and
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 fromto
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 fromto
Examples of Duties:
Ending Salary: Supervisor's name and title:
Reason for leaving:
Employer's Name and Phone Number:
Title of Your Position:
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Examples of Duties:
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