# **City of Cordova Application For Employment**

P.O. Box 1210 601 1st St. Cordova, Alaska 99574 (907) 424-6200

The City of Cordova does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Position Applied For				Date of Application					
Last Name		First Nam	e	N	/liddle Nam	e			
Mailing Address	Zip Code								
Telephone Number(s)							$\dashv$		
Email Address									
Have you ever work	ed for the C	ity of Cordo	va?			Yes	No		
If yes, please pro Are you currentl		f" status and	subject to i	recall?		- Yes	No		
Do you have any fai	mily working	for the City	of Cordova	?		Yes	No		
Do you have family currently serving on the City Council?							No		
If yes to either, plea	se list:								
If you are under 18	years of age	e, can you pr	ovide a wor	k permit, if r	equired?	Yes	No		
Are you legally eligi	ble for emp	oyment in t	his country?	•		Yes	No		
Work availability: Full Time Part Time Evenings Weekends Shiftwork Temporary/Seas							ry/Seasona		
On what date would	d you be ava	ilable to sta	rt?						
Have you read the p	osition des	cription for t	the job for w	hich you are	applying	g? Yes	No		
Do you meet the m	inimum qua	lifications fo	r the position	on?		Yes	No		
If applying for a driv If yes, please pro		•		vers license?	?	Yes	No		
Have you been conv Conviction will not necess considered with regard to the	arily disqualify an	applicant from en		nstance and explan	ation will be	Yes	No		
If yes, please explai	n:								

### **Education**

	Elementary School			High School			Undergraduate College/University			Graduate / Professional							
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received.State any additional information you feelmay be helpful to us in considering yourapplication.																	

### **References**

Please provide the name and telephone number of three business/work references who are not related to you and are not previous supervisors.	
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## **Special Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

### **Employment Experience**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate a protected status.

Employer	Dates Em	ployed	Joh Dogramaihilities and Moule Doufeymed			
	From	То	Job Responsibilities and Work Performed			
Address						
Telephone Number (s)		Hourly Rat	e/Salary			
		Starting	Final			
Job Title	Supervisor			]		
Reason for Leaving						
Employer		Dates Em	ployed			
		From	То	Job Responsibilities and Work Performed		
Address						
Telephone Number (s)		Hourly Rat	e/Salary			
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
Employer	Dates Em	ployed	Job Responsibilities and Work Performed			
		From	То	Job Responsibilities and Work Performed		
Address						
Telephone Number (s)		Hourly Rat	e/Salary			
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
Employer	Dates Em	ployed				
. ,		From	То	Job Responsibilities and Work Performed		
Address						
Telephone Number (s)	Hourly Rat	e/Salary				
	Starting	Final				
Job Title	Supervisor			]		
Reason for Leaving						
The information provided in this Appl misrepresentation or omission of fact				derstand that if employed, any misstatement,		

I give the City of Cordova the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information provided in this application. If, as a pre-determined condition of employment, the City of Cordova requires a personal and/or credit background check, I acknowledge that I have been advised of this condition and with my signature, I authorize the City of Cordova to complete such a report. I further understand that if a report is obtained, I must be advised of such and that the City of Cordova, at my request, must provide me the reporting agency's contact information so I may obtain from them the nature and substance of the information contained in the report. The City of Cordova will not provide me with a copy of the report.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand the City of Cordova's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand my acceptance of an employment offer does not create a contractual obligation upon the City to continue to employ me in the future.

Date	Signature	