



# CITY OF BETHEL APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

Employees of the City of Bethel and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, creed, color, religion, gender, sex, gender identity, sexual orientation, age, national origin or ancestry, marital status, disability, political affiliation, genetic information, pregnancy, parenthood, veteran status, or any other status or condition protected under federal, state, or local laws.

If you would like assistance in completing this application, please contact our Human Resources Department.

Position Applying For\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* Applications received without a currently open position identified will not be considered.

### Personal Data

Full Legal Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
City State Zip Code

Home Telephone Number: \_\_\_\_\_ Work/Cellular Number: \_\_\_\_\_

#### Please answer the following questions:

1. Do you have the legal right to work and remain in the United States? Yes No
2. Are you a resident of the City of Bethel? Yes No
3. Have you ever pled guilty, been convicted, fined, imprisoned, placed on probation or given a suspended sentence for any felony or misdemeanor violation? Yes\* No

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Information supplied on conviction record will not necessarily bar applicant from employment.

4. Have you previously been employed by the City of Bethel? Yes No  
If yes, please name the position title, dates of employment and your previous supervisor(s): \_\_\_\_\_

5. Have you seen the job description for the job you are applying for? Yes No

6. Are you able to perform the duties of the position that you have applied for with or without a reasonable accommodation? Yes No

7. Do you have any relatives (either by blood or marriage) or domestic partners who are current employees of the City of Bethel? Yes No  
If yes, please state their name, your relationship to them and in which department they are employed: \_\_\_\_\_

8. What languages are you proficient in? \_\_\_\_\_

## Education and/or Training

Did you graduate from high school or receive a GED Certificate?      Yes      No					
School Name & Location <small>(College, Vocational, Other)</small>	Dates Attended		Course of Study	Did you Graduate? <small>- check if yes</small>	Diploma / Degree Earned
	From Month/Year	To Month/Year			

## License or Certification (List any professional license, registration, and certification)

License/Certification	State	Profession	Lic/Cert. Number	Expiration Date

Please use additional sheets of paper if necessary.

**Official transcripts and/or certified copies of diplomas may be requested for verification.**

## Special Qualifications

Typing: \_\_\_\_\_/words per minute                      Ten Key: \_\_\_\_\_/strokes per minute

Please list any additional skills you have which you feel would be helpful to this position (for example, Word, Excel, First Aid Training, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Military Service

Branch of Service	Date of Entry Month/Year	Date of Discharge Month/Year	Are You a Member of an Active Reserve/Guard Unit?	
			Yes	No
			Yes	No
			Yes	No

## Availability for Work

Please answer the following questions:

1. What days are you available to work?  
     Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday
  
2. Are you willing to accept any of the following types of positions (please check all that apply):  
     Regular      Temporary      Full-Time      Part-Time      Shift Work      On-Call
  
3. If offered a position, when would you be available to start work? \_\_\_\_\_
  
4. Please list any days or hours that you would **not be available** to work: \_\_\_\_\_  
 \_\_\_\_\_
  
5. Would you be willing to work overtime if required?      Yes      No
  
6. Would you be willing to travel if your job required it?      Yes      No

## Employment History (List all jobs in the last 10 years)

May we contact your current employer for a reference?      Yes      No		
Employer:	Telephone Number:	Supervisor's Name:
Type of Business:	Address (include city & zip code)	
Your Job Title:	Dates Employed (month & year)	
	From:	To:
Duties:		
Salary:	Reason for Leaving:	

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Type of Business:	Address (include city & zip code)	
Your Job Title:	Dates Employed (month & year)	
	From:	To:

Duties:		
Salary:	Reason for Leaving:	
Employer:	Telephone Number:	Supervisor's Name:
Type of Business:	Address (include city & zip code)	
Your Job Title:	Dates Employed (month & year) From: _____ To: _____	
Duties:		
Salary:	Reason for Leaving:	

**Use additional sheets of paper if necessary. Please explain any gaps in employment in the comments section below.**

Comments (including explanation of any gaps in employment): \_\_\_\_\_

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**Skills & Qualifications.** Summarize any special skills and qualifications acquired from employment or other experiences that may qualify you with our Company. \_\_\_\_\_

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### Professional References

Please provide at least three (3) professional references. It is strongly preferred if the references have a definite knowledge of your qualifications for the position. **DO NOT** include relatives as a reference.

Name	Phone Number And E-Mail	Years Known	How Known

## Certification and Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment or dismissal from City service if discovered after employment, and under some circumstances may result in prosecution for a crime.

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the City of Bethel to check employment references and verify education information provided on this employment application and as disclosed in any interview process.
- I understand I may be required to provide a driving record if the position for which I am applying requires driving.
- I understand that I may be asked to submit to a pre-employment drug test and/or criminal history background- check as a condition of employment.
- I release the City of Bethel and all providers of information from any liability as a result of furnishing and receiving any information to the City of Bethel's hiring process.
- I understand that nothing contained in this employment application or the granting of an interview is intended to create an employment contract between the City of Bethel and myself or to provide any other benefit.
- I agree that if I am offered employment with the City of Bethel, it will be an at-will employment, unless different terms are agreed to in writing, in advance, by the City Manager.
- I understand that as an at-will employee, employment is subject to termination at any time without cause and without notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Equal Opportunity Employer

**The City of Bethel does not discriminate on the basis of race, creed, color, religion, gender, sex, gender identity, sexual orientation, age, national origin or ancestry, marital status, change in marital status, physical or mental disability, political affiliation, genetic information, pregnancy, parenthood, status as a disabled veteran, or any other status or condition protected under federal, state and local laws in employment.**

**To submit your application, be sure to sign and date it.**

**Email a scanned copy to [humanresources@cityofbethel.net](mailto:humanresources@cityofbethel.net).**

**You may also drop off a printed copy at Bethel City Hall, 300 State Highway or mail to Human Resources at PO Box 1388, Bethel AK 99559.**