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| companylogo | **Northwest Arctic Borough**Serving the Communities of:Ambler Buckland Candle Deering Kiana Kivalina KobukKotzebue Noatak Noorvik Selawik Shungnak |

Employment Application

# TYPE OF WORK I AM SEEKING *(please circle one)*: TEMPORARY FULL TIME

|  |  |
| --- | --- |
| **POSITION APPLIED FOR**:  |  |

|  |  |
| --- | --- |
| **YOUR NAME:** |  |
|  | First Middle Initial Last |

|  |  |
| --- | --- |
| **ADDRESS:** |  |
|  | Street or PO Box City State Zip |

|  |  |
| --- | --- |
| **TELEPHONE:** |  |
|  | Daytime Evening Cell |

|  |  |
| --- | --- |
| **EMAIL:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Drivers License No:** |  | **State:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Security No.** |  | **Date of Birth:** |  |

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **School Address** | **Years Completed** | **Field of Study** | **Diploma/Degree** |
|  |  |  |  |  |
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# MILITARY SERVICE

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates:** |  | **Branch:** |  |
| **Specialized Training:** |  |

PO Box 1110; Kotzebue, Alaska 99752 ⏹ Phone: (907) 442-2500 ⏹ Fax: (907) 442-2930 ⏹ [www.nwabor.org](http://www.nwabor.org)

Rev. 10/2011

#### REFERENCES

#### *List three personal references that are not relatives or former supervisors*

|  |  |  |
| --- | --- | --- |
| **REFERNECE 1** | **REFERENCE 2** | **REFERENCE 3** |
|  |  |  |  |  |  |
| Name |  | Name |  |  | Name |
|  |  |  |  |  |  |
| Address |  | Address |  |  | Address |
|  |  |  |  |  |  |
| Telephone Number |  | Telephone Number |  |  | Telephone Number |
|  |  |  |  |  |  |
| Occupation |  | Occupation |  |  | Occupation |
|  |  |  |  |  |  |
| Years Known |  | Years Known |  |  | Years Known |

#### EMPLOYMENT

#### *Please list your work experience for the past three years beginning with your most recent job held first.*

#### *Include summer and/or temporary jobs. If you were self-employed, provide firm name.*

|  |  |
| --- | --- |
| **Employer** |  |
| **Address** |  |
| **Employment Start Date** |  | **Employment End Date** |  |
| **Salary** |  | **Phone Number** |  |
| **Job Title** |  | **Supervisor** |  |
| **Job Duties:** |
|   |
| **Reason for Leaving:** |  |

|  |  |
| --- | --- |
| **Employer** |  |
| **Address** |  |
| **Employment Start Date** |  | **Employment End Date** |  |
| **Salary** |  | **Phone Number** |  |
| **Job Title** |  | **Supervisor** |  |
| **Job Duties:** |
|   |
| **Reason for Leaving:** |  |

|  |  |
| --- | --- |
| **Employer** |  |
| **Address** |  |
| **Employment Start Date** |  | **Employment End Date** |  |
| **Salary** |  | **Phone Number** |  |
| **Job Title** |  | **Supervisor** |  |
| **Job Duties:** |
|   |
| **Reason for Leaving:** |  |

|  |  |
| --- | --- |
| **Employer** |  |
| **Address** |  |
| **Employment Start Date** |  | **Employment End Date** |  |
| **Salary** |  | **Phone Number** |  |
| **Job Title** |  | **Supervisor** |  |
| **Job Duties:** |
|   |
| **Reason for Leaving:** |  |

|  |
| --- |
| **Professional Licenses, Certifications and/or Registrations:** |
|  |
|  |

|  |
| --- |
| **Types of electronic or mechanical equipment or machines that you are qualified to operate:** |
|  |
|  |

|  |
| --- |
| **Other specialized skills** |
| Typing Speed: Dictation: 10-Key: |
| Office Machines: |

|  |
| --- |
| Are there any additional skills or information regarding the career or occupation you are applying for that you would like to bring to our attention? If so, please state below: |
|  |
|  |
|  |

INFORMATION FOR THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. I hereby authorize the Northwest Arctic Borough to investigate the information contained in this application for employment, including contacting pervious employers for information regarding my previous employment, and hereby release the Northwest Arctic Borough from any liabilities, damages, or claims related to the processing of this application.

If necessary for employment in a specific position, you may be required to:

* Have a physical examination
* Provide proof of citizenship or date of birth
* Sign a conflict of interest agreement and abide by it’s terms

I understand and agree to the terms stated above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant Date signed

EQUAL EMPLOYMENT OPPORTUNITY

While many employers are required by federal law to have an Affirmative Action Program, all employers are also required to provide Equal Employment Opportunity and may ask your national origin, race and sex for planning and reporting purposes only.

VILLAGE PUBLIC SAFETY OFFICER APPLICATION CHECKLIST

|  |  |  |  |
| --- | --- | --- | --- |
| Non-Profit Contractor: | Northwest Arctic Borough | Village: |  |
| Applicant Name: |  | Date of Birth: |  |

|  |  |  |
| --- | --- | --- |
| Social Security Number: |  | Applicant Lives in the village?  Yes  No |

Re-Hire?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Village: |  | Dates of Hire: |  |

 Month/Year

1. AC 96.080 Basic Standards for Village Public Safety Officer

|  |  |
| --- | --- |
| 1. Are you a citizen of the United State or a residence alien who has demonstrated intent to become a citizen of the United States?
 |  Yes  No |
| 1. Are you 21 years of age?
 |  Yes  No |
| 1. Are you of good moral character?
 |  Yes  No |
| 1. Do you have a high school diploma, or its equivalent, or have passed the General Education Diploma (GED) test?
 |  Yes  No |
| 1. Before attending a basic training program under 13 AAC 96.100 (VPSO Academy),
 |  |
| 1. You must receive a physical examination by a physician lawfully admitted to practice in this state, and
 |  |
| 1. On the medical record form supplied by the Department of Public Safety, that physician must certify that you are:
 |  |
| 1. Free from a physical or hearing condition which would adversely affect performance of an essential function of a village public safety officer,
 |  |
| 1. Have normal color discrimination, normal binocular coordination, normal peripheral vision, and corrected visual acuity of 20/30 or better in each eye;
 |  |
| 1. Free from a mental or emotional condition that would adversely affect the performance of an essential function of a village public safety officer.
 |  |

|  |  |
| --- | --- |
| 1. Have you been convicted, by a civilian court of this state, the United States, or another state or territory, or by a military court, of one or more of the following offences, or of an offense with substantially similar elements to such an offence under Alaska law?
 |  Yes  No |
| 1. A felony
 |  Yes  No |
| 1. Any misdemeanor within five (5) years of the date of hire
 |  Yes  No |
| 1. A misdemeanor within ten (10) years of the date of hire, if the misdemeanor involved:
 |  Yes  No |
| 1. An assault against a family member, former family member, member of the individuals household, or former member of the household?
 |  Yes  No |
| 1. The violation of a domestic violence restraining order?
 |  Yes  No |
| 1. Two or more DWI offences?
 |  Yes  No |
| 1. Have you ever:
 |  |
| 1. Illegally manufactured, transported, or delivered:
 |  |
| 1. A controlled substance?
 |  Yes  No |
| 1. An alcoholic beverage in violation of a local option under AS 04.11 or a municipal ordinance?
 |  Yes  No |
| 1. Illegally used a controlled substance other than marijuana during the 10 years immediately before the date of hire, unless you were under the age of 21 at the time of using the controlled substance?
 |  Yes  No |
| 1. Used marijuana within one year before the date of hire?
 |  Yes  No |
| 1. Have you been denied village public safety officer certification or had that certification revoked?
 |  Yes  No |
| 1. Have you been discharged for cause or resigned under the threat of discharge for cause from employment as a village public safety officer, a village police officer, or a police officer in this state or any other state?
 |  Yes  No |

The Village Public Safety Officer application packet is divided into five steps.

|  |
| --- |
| Step one of the application process is initiated by the responsibility of the contractor. The application must complete the VPSO PERSONAL HISTORY STATEMENT and the WAIVER AND AUTHORIZATION TO RELEASE INFORMAITON. Upon completion, forward the originals and a copy of the contractor’s employment application to the oversight trooper office. |

VPSO PERSONAL HISTORY STATEMENT

|  |
| --- |
| Military Status: |
| Have you served in the U.S. Armed Forces? |  Yes  No |
| Dates of Service: |  | Branch: |  | Type of discharge: |  |

 Month/Year

|  |
| --- |
| Vehicle Operators License: |
| License number: |  | Place of Issue: |  | Expiration: |  |
| Have you ever been denied a license or had your license taken away? |  Yes  No |
| If “yes”, give the date and fully explain the circumstances: |
|  |
|  |
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| --- |
| Arrest, Detention and Litigation: (Show all arrests including juvenile and traffic) |
| Have you ever been arrested or detained by a law enforcement agency? |  Yes  No |
| Have you (or your spouse) been involved in any civil or criminal action? |  Yes  No |
| Have you been issued a traffic citation in Alaska or elsewhere? |  Yes  No |
| Have you ever been fingerprinted for any reason? (arrest, job application) |  Yes  No |
| Explain all “yes” answers: |
|  |
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| --- |
| Illicit Drugs: |
| Do you now or have you ever used illicit (Illegal) drugs, including marijuana? |  Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of drug: |  | Date last used: |  |
| Name of drug: |  | Date last used: |  |
| Name of drug: |  | Date last used: |  |
| Name of drug: |  | Date last used: |  |
| Name of drug: |  | Date last used: |  |

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I DELIBERATELY CONCEAL OR ENTER FALSE INFORMAITON ON THIS FORM, THAT MY NAME MAY BE REMOVED FROM THE ELIGIBLE LIST OR THAT I MAY BE REMOVED FROM MY JOB.

Done at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alaska on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

|  |
| --- |
|  |
| Applicant Signature |

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
| Notary Public in and for Alaska |

(SEAL)

 My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF ALASKA

DEPARTMENT OF PUBLIC SAFETY

WAIVER AND AUTHORIZATION TO RELEASE INFORMAITON

I authorize you to furnish the Department of Public Safety with any and all information that you have concerning me, my work records, my reputation, my medical records, my military service records, my financial status and credit rating. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualification and fitness for the position I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected with the Department of Public Safety, including myself.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Department of Public Safety and retained by them in confidence.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested.

|  |
| --- |
|  |
| Applicant’s Printed Name |

|  |
| --- |
|  |
| Applicant’s Signature |

The above named individual appeared before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ and having identified himself/herself, signed the above in my presence.

|  |
| --- |
|  |
| Notary Public in and for Alaska |

(SEAL)

 My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: A photocopy reproduction of this request shall be for all intents and purpose as valid as the original. You may retain this form in your files.