

**CITY OF KLAWOCK
ALASKA**

**PO Box 469
Klawock AK 99925**

**Phone# (907) 755-2261
Fax# (907) 755-2403**

"Site of the First Salmon Cannery in Alaska"

Dear Applicant:

Thank you for submitting your application for employment with the City of Klawock.

We will keep your application on file for a period of six (6) months.

Call the City Clerk at 755-2261 to activate your application for a position that is being advertised. Also, any questions about the position you are applying for may be directed to the City Hall.

City of Klawock office hours are 8:00 am to 5:00 pm Monday thru Friday.

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"SITE OF THE FIRST SALMON CANNERY IN ALASKA"

EMPLOYMENT APPLICATION

TITLE OF POSITION APPLYING FOR			REFERRED BY	DATE
NAME - LAST	FIRST	MIDDLE	SOCIAL SECURITY	
MAILING ADDRESS	CITY	STATE	ZIP	TELEPHONE
PHYSICAL ADDRESS	CITY	STATE	ZIP	MESSAGE PHONE
DRIVER'S LICENSE NUMBER	STATE ISSUED	CDL NUMBER	CLASS	

Employment status

ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DO YOU HAVE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU AN ALASKAN RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE YOU CAN START SALARY DESIRED HAVE YOU APPLIED WITH US BEFORE? IF YES, WHEN?
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EDUCATION

NAME	CITY, STATE	AREA OF STUDY	DEGREE	DATE
HIGH SCHOOL				
COLLEGE				
COLLEGE				
VOCATIONAL				
OTHER				
OTHER				

AWARDS, CERTIFICATIONS, LICENSES

LANGUAGES SPOKEN

JOB-RELATED TRAINING AND SKILLS

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WAIVER AND AUTHORIZATION TO RELEASE

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

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

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

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

Printed Name/Date of Birth

Signature

Date

The above named individual appeared before me on the date above and having identified himself/herself, signed the above instrument in my presence.

Notary Public in and for the State of Alaska

My commission expires:_____