

Municipality of Anchorage Employment Application

An Equal Opportunity and an Affirmative Action Employer

Employment Office
632 West 6th Avenue, Suite 720
P.O. Box 196650
Anchorage, Alaska 99519-6650
Phone (907) 343-4453 - TTY/TDD (907) 343-4889 - Fax (907) 343-4511

Information and Instructions

With the exception of applications for Executive positions, applications will only be accepted in response to a published Position Announcement during an active recruitment period. Published Position Announcements are available at the Employment Office Monday thru Friday from 8:00 a.m. to 5:00 p.m. excluding Municipal holidays. You may also call the Job Hotline at 343-4451 or visit the Employment Website on the Internet at www.ci.anchorage.ak.us

A full, accurate, and complete application must be submitted for each position and received by the Employment Office by 5:00 p.m. on the closing date listed on the Position Announcement. All sections of the application must be legible, completely filled out, signed, and dated. Use additional sheets if necessary to ensure all information is provided. A resume may be included as an addendum to the Employment History section of the application as long as it provides all the information required in this section.

Criminal Convictions: A criminal conviction, including nonjudicial punishment issued during military service by a military tribunal, military administrative agency, or by a commanding officer, for offenses comparable to violations of federal, state, and local criminal laws, will not always constitute grounds for disqualification. The type and number of charges for which an applicant was convicted, date of the conviction(s), as well as the relationship to the position applied for will be evaluated. However, a criminal conviction for an offense involving moral turpitude within 10 years prior to the application will result in applicant disqualification Additionally, if you check "yes" and do not give a complete and accurate explanation of your conviction(s), your application will not be considered for the position. An applicant who receives an unconditional pardon, or receives a Suspended Imposition of Sentence AND had the conviction(s) set aside by court order, need not list the conviction UNLESS the applicant is applying for a position in the Police or Fire Department, for a position requiring a background check, or is required to register as a sex offender under AS 12.63.

Background Checks: Some Municipal positions require a background check before an appointment is confirmed.

Driver's License: If selected for a position requiring a driver's license, appointment will be conditioned upon submission of a copy of the applicant's Alaska driver's license and a current copy of his/her Department of Motor Vehicle driving record, including a driving record from previous states if the Alaskan driver's license was first issued within one year prior to application, documenting an acceptable driving history.

Status Postcards notify you of the status of your application. One will be sent if you include it with your application. Status Postcards are available in the Employment Office.

Affirmative Action Program

The Municipality of Anchorage has an Affirmative Action Program. To assist us in the program, you are asked to provide the following information for reporting purposes only. In accordance with State and Federal Law, this information will be retained separately for recordkeeping purposes and will not be made a part of your application.

Voluntary Information						
Name		[5	Social Security Number	Today's Date		
(Last)	(First)	(Middle)				
Job Number	Birthdate	Sex		Are you disabled?		
]	Male Female	Yes No		
Ethnic Group (Check	only one) [(H) Hispanic	Vetera	n Status			
(B) African Amer	ican (W) White	□ (D	VT) Disabled (30% or more)			
(A) Asian/Pacific	Islander (O) Multiracia	I/Other U	EV) Vietnam-era (at least 6 m	nos. service between 8/5/64-5/7/75)		
(N) Alaska Native	e/American Indian	(v	ET) Veteran			
RECRUITMENT SOL	JRCE - How did you hear ab	out this job opportunity?)			
☐ Website	e 🗌 Ne	ewspaper	☐ Walk-in	Union Dispatch		
☐ Job Ho	tline M	unicipal Employee	☐ Job Fair	Other		



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Position applying for (Use title listed on Position Announcement))	Job N	umber			Municipal Emp Department/Div	
Name									Social Secu	rity Number
(Last)		(Firs	t)		(Middl	e)				
Residence Address									Home Phon	ne Number
Street	С	ity	S	State		Ziį	p Code	e		
Mailing Address									Work Phone	e Number
Street	S	State Zip Code			е					
Are you at least 18 ye	ears of age?] Yes [No Do you ha	ave a leg	gal right to ac	cept emp	ployme	ent in the Ur	nited States?	Yes No
Criminal Convictions - Have you ever been convicted of any violation of the law, other than minor traffic violations?										
Do you have a currer	nt Driver's Licens	se?	☐ Yes ☐ No	If yes	s, complete the	ne followi	ing.			
			ate of Issue					List CDL endorsements		
Education										
				Edi	ucation					
Do you have a High \$	School Diploma	or GED C	Certificate?	Edi		lo D	Date Re	eceived		
Do you have a High \$		or GED C	Certificate?	Edi		lo D		eceived		
	Attended				Yes N	City/Sta	ite	t)		
Name of High School College, Universi	Attended ty or Graduat		ools (If more space	ce is nee	Yes N	City/Sta an attac	te	t) Major/l	Minor or	Degree and Year Received
Name of High School	Attended ty or Graduat			ce is nee	Yes N	City/Sta	te	t) Major/l	Minor or ts Taken	Degree and Year Received
Name of High School College, Universi	Attended ty or Graduat		Dates attend	ce is nee	Yes N	City/Sta an attac	te	t) Major/l		
Name of High School College, Universi	Attended ty or Graduat		Dates attender From: To: From:	ce is nee	Yes N	City/Sta an attac	te	t) Major/l		
Name of High School College, Universi	Attended ity or Graduat	te Scho	Dates attender From: To: From: To: From: To: From:	ce is nee	Yes N	City/Sta an attac	te	t) Major/l		
Name of High School College, Universi	Attended ity or Graduat of School	te Scho	Dates attender From: To: From: To: From: To: From:	ce is nee	Yes N	City/Sta an attac	chment	t) Major// Subjec		
Name of High School College, University Name and Location of Technical or Voca	Attended ity or Graduat of School	te Scho	Dates attender From: To: From: To: From: To: From: To:	ce is nee	Yes Needed, provided Total Cred Semester	City/Sta an attac it Hours Quarte	chment	t) Major// Subjec	ts Taken Degree	Received
Name of High School College, University Name and Location of Technical or Voca	Attended ity or Graduat of School	te Scho	Dates attender From: To:	ce is nee	Yes Needed, provided Total Cred Semester	City/Sta an attac it Hours Quarte	chment	t) Major// Subjec	ts Taken Degree	Received
Name of High School College, University Name and Location of Technical or Voca	Attended ity or Graduat of School	te Scho	Dates attended From: To: From: To: From: To: Dates attended From: To: From: To: From: From: From: From: To: From:	ce is nee	Yes Needed, provided Total Cred Semester	City/Sta an attac it Hours Quarte	chment	t) Major// Subjec	ts Taken Degree	Received

Describe all work history beginning with your current or most re use additional pages or a resume as long as it provides all require job held, including providing misleading or false informatic	ed information. Failu	re to provide comple	te and accura	te information regarding each	
Official Job Title	Name/Title of Supervisor Supervisor's Phone Numb				
Company Name and City/State of Employer	Ending Pay	Employment Dates (List month and year)	Reason for L	eaving	
	Hours per week	From:			
Duties/Responsibilities					
May we contact your present employer? Yes No					
May we contact your present employer? Yes No					
Official Job Title	Name/Title of Sup	ervisor	Supervisor's Phone Number		
Company Name and City/State of Employer	Ending Pay	Employment Dates (List month and year)	Reason for L	eaving	
	Hours per week	From: To:			
Duties/Responsibilities					
Official Job Title	Name/Title of Sup	ervisor		Supervisor's Phone Number	
Company Name and City/State of Employer	Ending Pay	Employment Dates	Reason for L	eaving	
	Hours per week	(List month and year) From:			
Duties/Responsibilities		То:			
Daties/Nesponsismines					

Employment History

Job # ___

Name _

Describe all work history beginning with your current or most re use additional pages or a resume as long as it provides all require job held, including providing misleading or false informatio	ed information. Failu	re to provide complete	e and accura	te information regarding each	
Official Job Title	Name/Title of Sup	ervisor	Supervisor's Phone Number		
Company Name and City/State of Employer	Ending Pay	Employment Dates (List month and year)	Reason for Le	_eaving	
	Hours per week	From: To:			
Duties/Responsibilities					
Official Job Title	Name/Title of Sup	ervisor		Supervisor's Phone Number	
Company Name and City/State of Employer	Ending Pay Hours per week	Employment Dates (List month and year) From: To:	Reason for Le	eaving	
Official Job Title	Name/Title of Sup			Supervisor's Phone Number	
Company Name and City/State of Employer	Ending Pay Hours per week	Employment Dates (List month and year) From:	Reason for Le	eaving	
Duties/Responsibilities	·	То:			

Employment History (continued)

Job# -

Name _

Official Job Title	e Name/Title of Supervisor				
Company Name and City/State of Employer	Ending Pay	Employment Dates	Reason for L	eaving	
	Hours per week	(List month and year) From:			
Duties/Responsibilities		To:			
List the types of computer software and programs y	you have used.				
77					
List any other special qualifications, skills and/or ab	nilities				
List relatives employed by the Municip	pality of Anchorage				
Name	Relationship	Department			
Name	Relationship	Department			
	·				
ADDI ICANT AUTUODIZATION AND CO	EDTIFICATION I AUTU	ODIZE the Munici	nality of An	veherage (MOA) to obtain	
APPLICANT AUTHORIZATION AND CE any information relating to the facts prov			-	= ' '	
viduals, ETC. This information may include	• •	•	•		
sonal history, disciplinary, arrest, and con-		•		·	
of any agreement I may have made with	you previously to the cor	ntrary. I RELEASE	any empl	oyer, including individual	
such as records custodians, from any and	d all liability for damages	of whatever kind o	r nature wh	ich may at any time resu	
on account of compliance, or any attemp	ts to comply with this aut	horization.			
I CERTIFY that the statements contained	herein are true to the be	st of my knowledg	je. I unders	tand that any incomplete	
inaccurate, misleading, false or incorrect	•			•	
eration, may render an appointment void	and/or can be cause for	my dismissal upoi	n discovery	'.	
I AGREE to submit to such tests and phy	sical and/or mental exam	ninations as the M	OA may re	quire.	
<u></u>					
Signature	Date				

Employment History (continued)

Job# _

Name _