



CITY OF HOUSTON

P.O. Box 940027
Houston, Alaska 99694

Position applied for _____

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell _____

Email Address _____ Are you 18 or older? Yes _____ No _____

Valid Alaska Driver's License: Yes _____ No _____ # _____

Can you provide proof that you are eligible to work in the United States? Yes ___ No ___

Do you have the ability to perform the essential and marginal job functions with or without reasonable accommodation? _____

Ever convicted of : FELONY: Yes ___ No _____ MISDEMEANOR: Yes ___ No _____

If yes to one or both of the above questions, you must attach an explanation, even if you received a suspended imposition of sentence. A conviction is not automatic grounds for disqualification. The number, nature, and recency of convictions and the relationship to the job applied for will be evaluated in reviewing the application.

EMERGENCY CONTACT: Please list the names, relationship and phone numbers of persons to contact in case of an emergency:

NAME	RELATION	PHONE #

EDUCATION: Circle the highest level of education you have completed.

High School:	1 yr.	2 yrs.	3 yrs.	4 yrs.	GED	H.S. Diploma
College or Business School:	1 yr.	2 yrs.	3 yrs.	4 yrs. or more		

EDUCATION continued:

NAME/LOCATION OF SCHOOL	DIPLOMA OR DEGREE	MAJOR/COURSE

BRIEF SUMMARY OF RELATED SKILLS/WORK EXPERIENCE: _____

EMPLOYMENT HISTORY *(Begin with most recent position first. Do not leave any period of time blank.)*

COMPANY NAME: _____ **SUPERVISOR:** _____

ADDRESS: _____ **PHONE #:** _____

Position: _____ **Dates of Employment:** _____

Ending Salary: _____

Duties: _____

Reason for Leaving: _____

COMPANY NAME: _____ **SUPERVISOR:** _____

ADDRESS: _____ **PHONE #:** _____

Position: _____ **Dates of Employment:** _____

Ending Salary: _____

Duties: _____

Reason for Leaving: _____

COMPANY NAME: _____ SUPERVISOR: _____

ADDRESS: _____ PHONE #: _____

Position: _____ Dates of Employment: _____

Ending Salary: _____

Duties: _____

Reason for Leaving: _____

COMPANY NAME: _____ SUPERVISOR: _____

ADDRESS: _____ PHONE #: _____

Position: _____ Dates of Employment: _____

Ending Salary: _____

Duties: _____

Reason for Leaving: _____

(If more space is needed for Employment History, please attach sheet to application)

REFERENCES: Please list three professional references (not listed above), including telephone,

NAME

ADDRESS

PHONE #

NAME	ADDRESS	PHONE #

Applications will not be processed unless all blanks are completed; use N/A if not applicable

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION IS THIS APPLICATION IS ACCURATE AND TRUE. MISREPRESENTATION OR ERRONEOUS INFORMATION WILL BE GROUNDS FOR DISMISSAL.

Signature

Date

City of Houston

PO Box 940027 (907) 892-6869 Direct
13878 W Armstrong (907) 892-7677 Fax
Houston AK 99694 www.houston-ak.gov

City of Houston Background Investigation Form

DISCLOSURE AND RELEASE

In connection with my application with the City of Houston, I understand that a background check may be requested at will by the City of Houston. This report may include such information as: education, former employment, driving record, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records.

As set forth in the Fair Credit reporting Act, I have the right to request from the City of Houston, and the report provider, upon proper identification, the nature and substance of the information obtained from the background report.

I authorize any party or agency contacted by the City of Houston or its authorized representatives, to furnish the above-described information. I hereby authorize procurement of the background report.

Applicant Signature: _____

Date: _____

Name (Please Print) _____

Applicant: Please complete the following for proper identification purposes.

Name: Last First Middle Maiden

Social Security Number Date of Birth

List all other last names or maiden names used

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City of Houston

PO Box 940027 (907) 892-6869 Direct
13878 W Armstrong (907) 892-7677 Fax
Houston AK 99694 www.houston-ak.gov

Applicant Name: _____

List **ALL** address for past 10 years:

Current Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Previous Address: _____ City, State, Zip _____ How long? _____

Driver's License Number and State _____

List any other names or Social Security Numbers you have used. _____

List any criminal convictions. Provide the date(s) and State. _____



DRIVERS LICENSE INFORMATION/UPDATE FORM

DRIVERS LICENSE NUMBER AND STATE: _____

EXPIRATION DATE: _____

VIOLATIONS/TICKETS IN THE LAST 3 YEARS EXPLAIN: _____

(NAME PRINTED)

(DATE)

(SIGNATURE)