

***APPLICATION PACKET  
FOR ALL  
POSITIONS***



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# CITY OF FAIRBANKS

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800 Cushman Street  
Fairbanks, Alaska 99701

(907) 459-6780

E-mail: [www.ci.fairbanks.ak.us](http://www.ci.fairbanks.ak.us)

## *APPLICATION INSTRUCTIONS*

We have provided the following information to assist you in making your employment application as comprehensive and accurate as possible.

The Human Resources Department represents the **City of Fairbanks, the Fairbanks Police, Public Works and the Fire Department.** We only accept applications for positions for which we are currently recruiting, except Police and Emergency Dispatcher which are accepted year round only, and we do not retain other applications or hold them for future use. Current openings are posted on our website ([www.ci.fairbanks.ak.us](http://www.ci.fairbanks.ak.us)), bulletin board at City Hall, advertised in the Fairbanks Daily News Miner on Sundays, Wednesdays and Fridays, and sent to the State of Alaska Jobsite (ALEXsys). In compliance with the City of Fairbanks Affirmative Action Plan, notices are also disseminated to various labor, minority, disabled persons and family-oriented service organizations.

A separate application must be completed for each position for which you wish to apply. Once a position is filled, all applications received for that position are retired to an archive file and will not be considered for any new openings unless requested by department head to hold on file for future consideration.

A resume may be attached to the employment application, but all statements on the application must be completed. We cannot assume that you have the training and/or experience in an area if you do not state it specifically. Failure to provide this information may cause you to be considered not qualified for a position for which you may have otherwise been considered qualified.

After the closing date of the posted vacancy, an initial screening will take place prior to the applications being sent to the appropriate department head. Interviewees will be notified by telephone or e-mail for an interview. Letters of notification may be sent to those not selected to complete the process. For Police and Fire Department applicants, a notice of testing date and place will be sent to all applicants. If you have questions, you may contact the Human Resources Department by e-mail ([acshumate@ci.fairbanks.ak.us](mailto:acshumate@ci.fairbanks.ak.us)) or (907) 459-6780 between the hours of 8:00 am and 5:00 pm Monday through Friday, or you may leave a message after office hours.

The City of Fairbanks does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, or status as a Veteran in employment, programs, services or activities in accordance with Federal, State and Municipal laws. The City of Fairbanks is an **AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.**



**EDUCATION AND TRAINING**

\_\_\_\_\_ HIGH SCHOOL DIPLOMA      \_\_\_\_\_ GED      Still Attending High School At \_\_\_\_\_

**VOCATIONAL TRAINING SCHOOL NAME:**

Name & Location of School	Dates Attended	Diploma/Degree or Certification	Major or course title

COLLEGE                                      1 YR                                      2 YRS                                      3 YRS                                      4 YRS                                      4+ YRS

**COLLEGE OR UNIVERSITY NAME:** \_\_\_\_\_

DATES:                      FROM \_\_\_\_\_ TO \_\_\_\_\_                                      MAJOR \_\_\_\_\_

DIPLOMA OR DEGREE \_\_\_\_\_                                      DATE RECEIVED \_\_\_\_\_

**GRADUATE SCHOOL NAME:** \_\_\_\_\_

DATES:                      FROM \_\_\_\_\_ TO \_\_\_\_\_                                      MAJOR \_\_\_\_\_

DIPLOMA OR DEGREE \_\_\_\_\_                                      DATE RECEIVED \_\_\_\_\_

**List any Certifications or Licenses you hold pertinent to the position for which you are applying.**

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

Complete the following only if the minimum requirements of the job description include possessing or obtaining a valid driver's license:

**DO YOU HAVE A VALID DRIVERS LICENSE:**                      NO                      YES                      # \_\_\_\_\_ State \_\_\_\_\_

**DO YOU HAVE A COMMERCIAL DRIVERS LICENSE:**                      NO                      YES                      Class \_\_\_\_\_ Endorsements \_\_\_\_\_

**DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS**

Typing speed:    \_\_\_ WPM                                      10 Key by touch    YES    NO                                      Cash Handling Experience    YES    NO

**MOUS Certified    YES    NO    Which applications?** \_\_\_\_\_

Rate your proficiency with the following applications:

List other computer software / programs:

Word	None	Beginning	Intermediate	Advanced
Excel	None	Beginning	Intermediate	Advanced
Access	None	Beginning	Intermediate	Advanced
Desktop Publishing	None	Beginning	Intermediate	Advanced


**LIST OTHER TYPES OF OFFICE EQUIP YOU CAN OPERATE**

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE YOUR SHOP EQUIPMENT OPERATION SKILLS (Pertaining to the position for which you are applying)**

HEAVY/LIGHT EQUIPMENT TYPES: \_\_\_\_\_

POWER TOOLS: \_\_\_\_\_

HAND TOOLS: \_\_\_\_\_

Can you work under adverse weather conditions?    YES    NO

**PLEASE LIST THREE PROFESSIONAL REFERENCES**

Name	Job Title	Company	Address	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT HISTORY:**

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the sections below the duties performed, which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The City will conduct background checks to verify information on applications.

**NAME AND ADDRESS OF EMPLOYER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DATES FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

\_\_\_\_\_ SALARY/WAGES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER:    YES    NO

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S TITLE: \_\_\_\_\_

Did you supervise in this position:    YES    NO

Please indicate # of employees supervised    \_\_\_\_\_ YOUTH (under 17 yrs old)    \_\_\_\_\_ ADULT (18+yrs old)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DUTIES:

Large empty rectangular box for listing duties.

**NAME AND ADDRESS OF EMPLOYER:**

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

DATES FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

HOURS PER WEEK: \_\_\_\_\_

SALARY/WAGES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S TITLE: \_\_\_\_\_

Did you supervise in this position: YES NO

Please indicate # of employees supervised \_\_\_\_\_ YOUTH (under 17 yrs old) \_\_\_\_\_ ADULT (18+ yrs old)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DUTIES:

**NAME AND ADDRESS OF EMPLOYER:**

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

DATES FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

HOURS PER WEEK: \_\_\_\_\_

SALARY/WAGES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: \_\_\_\_\_ SUPERVISOR'S TITLE: \_\_\_\_\_

Did you supervise in this position: YES NO

Please indicate # of employees supervised \_\_\_\_\_ YOUTH (under 17 yrs old) \_\_\_\_\_ ADULT (18+ yrs old)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DUTIES:

ADDITIONAL SHEETS MAY BE SUBMITTED

**City of Fairbanks**

**OPTIONAL FORM**

It is the policy of the City of Fairbanks to refrain from employment discrimination and to take affirmative action to realize full and equal opportunity for women, minorities, disabled persons, veterans of the Vietnam era, special disabled veterans, and other eligible veterans. If you believe you could benefit from the City's Affirmative Action program and would like to be included, please complete this form. The information you provide will be kept confidential and will in no way adversely affect any employment decision. Refusal to provide the information will in no way affect your application for employment.

Position you are applying for: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Social Security Number Optional (Required for Police and Dispatch Positions): \_\_\_\_\_

Please circle your racial or ethnic heritage:

- **White (not of Hispanic origin).** a person having origins in any of the original peoples of Europe, North African or the Middle East.
- **Black (not of Hispanic/Latino origin).** A person having origins in any of the Black racial groups of Africa.
- **Hispanic/Latino.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. The area includes, for example, China, Japan, Korea, the Philippine Islands.
- **Native Hawaiian or Pacific American.** A person having origins in any of the original peoples of the Hawaiian Islands or the Pacific Islands.
- **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- **Two or More Races.** A person who identifies with more than one of the above races.

Do you qualify under the Veterans Employment Opportunities Act for Affirmative Action?  
Yes \_\_\_ No \_\_\_ If yes...  
Do you have a Service Medal? Yes \_\_\_ No \_\_\_ and/or a Expeditionary Medal? Yes \_\_\_ No \_\_\_  
Date of discharge \_\_\_\_\_

List Relatives Employed by the City: (Do not include FNSB relatives)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

After reviewing the essential job functions as listed on the vacancy announcement, do you need an accommodation to perform any job function or participate in the testing process? If so, please specify.  
\_\_\_\_\_

Applications from all persons are welcomed, and women, members of minority groups, disabled persons and Veterans who fall under the Veterans Employment Act, are especially encouraged to apply. The City of Fairbanks does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, or status as a Vietnam era veteran in employment, programs, services or activities, as prescribed by Title VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, the Rehabilitation Act of 1973, the Vietnam Era re-adjustment Assistance Act of 1974, the Age Discrimination Acts of 1974, Americans with Disabilities Act of 1990, and Chapter 18.80.220 of the Alaska Code.