**ADDITIONAL EMPLOYMENT HISTORY**

*Note: Please fill out to the best of your ability. Include all relevant employment, military experience, and volunteer work for at least the past five years. Stating “See Resume” is not adequate. Incomplete applications may result in disqualification from further consideration.*

|  |  |
| --- | --- |
| POSITION TITLE:      | JOB ANNOUNCEMENT #:      |
| PERSONAL INFORMATION |
| LEGAL NAME:                   *LAST FIRST M.I.* |
| MAILING ADDRESS:          |
| **CERTIFICATE OF APPLICANT AND AUTHORIZATION TO VERIFY INFORMATION***IMPORTANT: PLEASE READ BEFORE SIGNING THIS APPLICATION*I HEREBY CERTIFY that all the information made on, or in connection with, this application is true and complete to the best of my knowledge and belief, and that I have not knowingly withheld any fact or circumstances. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of application, removal from eligible lists or discharge from employment. I understand that consideration for employment in this position is contingent upon the results of a reference and/or background check. I therefore authorize the City and Borough of Juneau to investigate all statements made on my application for employment, and to discuss the results of its investigations with those responsible for hiring. I further authorize the City and Borough of Juneau to contact my former employers and any persons to respond to questions pertaining to the information on this application. Further, I release from liability such former employers or other persons providing information to the City and Borough of Juneau. I understand that the benefits, rules, and policies of the City and Borough of Juneau may be changed, modified, eliminated, or added to at any time at the City and Borough of Juneau’s sole discretion and without prior notice.SIGNATURE: PRINTED NAME:      ***For Email Submissions only:*** By submitting this form electronically, the applicant certifies that the information is correct and acknowledges that the application will need to be signed to certify the information prior to interviewing for any position. |
| EMPLOYMENT HISTORY |
| Employer Name:      | Dates of Employment:  From:       To:       |
| Employer Address (street,city,state):      | Last Job Title:      |
| Annual Salary:       Hourly Rate:        | Hours Worked Per Week:       |
| Supervisor’s Name & Title:       | Did you supervise?: Yes [ ]  No [ ]  If yes, how many?:        |
| Is it ok for CBJ to contact this employer? Yes [ ]  No [ ]   | Employer Phone Number:       |
| Please list, in order of importance, the primary duties that relate to the position you are applying for:      |
| Reason for leaving:       |
|  |
| Employer Name:       | Dates of Employment:  From:       To:       |
| Employer Address (street,city,state):      | Last Job Title:      |
| Annual Salary:       Hourly Rate:        | Hours Worked Per Week:       |
| Supervisor’s Name & Title:       | Did you supervise?: Yes [ ]  No [ ]  If yes, how many?:  |
| Is it ok for CBJ to contact this employer? Yes [ ]  No [ ]  | Employer Phone Number:       |
| Please list, in order of importance, the primary duties that relate to the position you are applying for:      |
| Reason for leaving:       |
|  |
| Employer Name:      | Dates of Employment:  From:       To:       |
| Employer Address (street,city,state):      | Last Job Title:      |
| Annual Salary:       Hourly Rate:        | Hours Worked Per Week:       |
| Supervisor’s Name & Title:       | Did you supervise?: Yes [ ]  No [ ]  If yes, how many?:        |
| Is it ok for CBJ to contact this employer? Yes [ ]  No [ ]  | Employer Phone Number:       |
| Please list, in order of importance, the primary duties that relate to the position you are applying for:      |
| Reason for leaving:       |
|  |
| Employer Name:      | Dates of Employment:  From:       To:       |
| Employer Address (street,city,state):      | Last Job Title:      |
| Annual Salary:       Hourly Rate:        | Hours Worked Per Week:       |
| Supervisor’s Name & Title:       | Did you supervise?: Yes [ ]  No [ ]  If yes, how many?:        |
| Is it ok for CBJ to contact this employer? Yes [ ]  No [ ]  | Employer Phone Number:       |
| Please list, in order of importance, the primary duties that relate to the position you are applying for:      |
| Reason for leaving:       |

**\*NOTE: Please complete the EQUAL EMPLOYMENT OPPORTUNITY INFORMATION form and attach it to your application**

It is the policy of the City and Borough of Juneau to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is **confidential** and will be maintained separately from your application form and only accessed and used by the Human Resources-Risk Management Department.