

CLASSIFIED EMPLOYMENT APPLICATION

The Yukon-Koyukuk School District is an Equal Opportunity Employer



Position being applied for: _____

Name _____

Email Address: _____

Address: _____

Telephone - Home: () - _____

Work: () - _____

Are you 18 years or older? Yes ☐ No ☐

Have you been convicted of a misdemeanor in the past ten years or a felony of any kind? Yes ☐ No ☐

If "Yes" please explain _____

Are you able to perform the job duties for the position for which you are applying? Yes ☐ No ☐

Do You have a valid Alaska Driver's License? Yes ☐ No ☐

License Number _____

If hired, when could you report for work? _____

EDUCATION AND EXPERIENCE

Mark highest year of school completed: ☐9 ☐10 ☐11 ☐12 Other _____

Name and address of last school attended: _____

High School Graduate?

Yes ☐ No ☐

High School Equivalency (GED)?

Yes ☐ No ☐

List any courses that relate to the position you are applying for:

If typing or keyboarding is required how many words per minute do you type? _____

EDUCATION OR TRAINING AFTER HIGH SCHOOL

Name and Location	No. of hours (qtr/sem)	Continuing Education Units	Degree or Certificate	Year	Major

List Office Equipment you are qualified to operate:

List Software you are qualified to use:

EMPLOYMENT HISTORY- List all jobs within past five years, give earlier job history if pertinent to job applied for. Use additional pages if needed to give complete history. Start with last or present position and work backwards.

• Employing Firm _____ From: _____ To: _____
Address: _____ Hours Per Week: _____
Starting Salary: \$ _____ per _____
Duties: _____ Final Salary: \$ _____ per _____
No. of employees supervised _____
Name of Supervisor: _____

Reason for leaving: _____

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Address: _____ Hours Per Week: _____
Starting Salary: \$ _____ per _____
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Name of Supervisor: _____

Reason for leaving: _____

PROFESSIONAL REFERENCES - Below, give the names and contact information of three persons you are not related, have worked with, and whom you have known at least one year. **Supervisors preferred.**

	Name	Email Address	Phone	Years Acquainted
1				
2				
3				

CERTIFICATE OF APPLICANT - I hereby certify that all 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 circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of this application or removal from employment. I authorize my present and previous employers to release to the Yukon-Koyukuk School District any information they may have regarding my character or my employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to submit to such physical and/or mental examination as may be required. I authorize the Alaska State Police to release any information concerning any previous criminal record I may have.

Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYMENT - The following questions are made for statistical purposes in administering a fair employment program. This information will be filed numerically and no discriminatory actions based on the information provided will be taken by this agency.

I am: (check one of the following)

	White	Black	Hispanic	American Indian	Asian	Eskimo Aleut	Alaska Native	Other
Female	H <input type="checkbox"/>	C <input type="checkbox"/>	E <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	D <input type="checkbox"/>	<input type="checkbox"/>	J <input type="checkbox"/>
Male	T <input type="checkbox"/>	O <input type="checkbox"/>	S <input type="checkbox"/>	K <input type="checkbox"/>	L <input type="checkbox"/>	P <input type="checkbox"/>	<input type="checkbox"/>	U <input type="checkbox"/>

I was born in the United States: Yes ☐ No ☐

I am a United States citizen: Yes ☐ No ☐

I am a Veteran: Yes ☐ No ☐

If "Yes," list branch of service and type of discharge: _____

Dates of Alaskan Residence: From _____ to _____



Yukon Koyukuk School District
Administrative & Support Offices
4762 Old Airport Way
Fairbanks, Alaska 99709

Kerry Boyd
Superintendent

Telephone: (907) 374-9400
Fax: (907) 374-9440

Authorization for Release of Information

Background Check Disclosure

As part of the employment process, YUKON KOYUKUK SCHOOL DISTRICT, hereby known as ("the company"), may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize U.S. Information Search on behalf of The Company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may include Criminal Records, Credit reports, Driving Records, Past Employment or Education Verifications, Worker's Compensation Claims, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant First Name (Print)

Applicant Last Name (Print)

Date of Birth

Prior or Maiden Name

Social Security Number

Driver's License Number and State Issued

Current Address

City

State

ZIP

Applicant / Employee Signature

Date

The mission of the Yukon-Koyukuk School District, in active partnership with its village members, is to provide our students with the skills and knowledge necessary to become contributing members of their families, communities and society.