



# Municipal Light & Power

Municipality of Anchorage  
Employment Application

An Equal Opportunity and an Affirmative Action Employer & Complies with Title 1 of ADA



**ML&P Human Resources**  
1200 East 1<sup>st</sup> Avenue  
Anchorage, Alaska 99501  
Phone: (907) 263-5426 or (907) 263-5422  
Fax: (907) 263-5862  
E-mail: [MLPHR@muni.org](mailto:MLPHR@muni.org)

## Information and Instructions

Applications will only be accepted in response to a published Position Announcement during an active recruitment period. Published Position Announcements are available at the Human Resources Office Monday thru Friday from 8:00 a.m. to 5:00 p.m. excluding Municipal holidays. You may also call 263-5426 or 263-5422 or visit the ML&P Website on the Internet at [www.mlandp.com](http://www.mlandp.com).

A complete and accurate application must be submitted for each position and received by the Human Resources 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 of the information required in this section.**

**Criminal Convictions:** A criminal conviction, including non judicial 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 applied for position will be evaluated. However, a criminal conviction for an offense involving moral turpitude within 7 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 requiring a background check or is required to register as a sex offender under AS 12.63.

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

**Drivers 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.

**Veterans Preference:** A Veteran is a person who has received an honorable discharge from the Army, Navy, Air Force, Coast Guard, Marine Corps, National Guard, or organized Military reserves of the United States; and who has served during the following time periods: December 7, 1941 to July 1, 1955; or for more than 180 consecutive days, any part of which occurred after January 31, 1955 and before October 15, 1976; or during the Gulf War from August 2, 1990 through January 2, 1992; or in a campaign for which a campaign medal has been authorized, including El Salvador, Grenada, Haiti, Lebanon, Panama, Somalia, Southwest Asia, Bosnia, or the Global War on Terrorism. Medal holders and Gulf War veterans who enlisted after September 7, 1980, or entered on active duty (not active duty for training) on or after October 14, 1982, must have served continuously for 12 months, or for the full period, or ordered to be active duty.

## Affirmative Action Program

The Municipality of Anchorage has an Affirmative Action program. To assist with the federal reporting requirements of the MOA program, we encourage you to provide the following information for statistical reporting purposes only. In accordance with State and Federal Law, this information will be retained separately for record-keeping purposes only and will not be considered in the selection process or made a part of your application.

## Voluntary Information

Name			Today's Date	
(Last)	(First)	(Middle)		
Job Number	Birthdate	Gender	Are you disabled?	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnic Group (Check only one)		Veteran status		
<input type="checkbox"/> (B) African American	<input type="checkbox"/> (H) Hispanic	<input type="checkbox"/> (DVT) Disabled (30% or more)		
<input type="checkbox"/> (A) Asian/Pacific Islander	<input type="checkbox"/> (W) White	<input type="checkbox"/> (VEV) Vietnam-era (at least 6 mos. Service between 8/5/64-5/7/75)		
<input type="checkbox"/> (N) Alaska Native/American Indian	<input type="checkbox"/> (O) Multiracial/Other	<input type="checkbox"/> (VET) Veteran		



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Position applying for (use title listed on position Announcement)	Job Number	Are you a Municipal Employee? If yes, list Department/Division	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name (Last) (First) (Middle)	Social Security Number
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Residence Address Street City State Zip Code	Home Phone	Work Phone
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Mailing Address Street City State Zip Code	E-mail Address
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**Criminal Convictions** – Have you ever been convicted of any violation of the law, other than minor traffic violations?  No  Yes  
**If yes, list conviction(s), date(s) and sentence(s).** (DUI/DWI's must be listed.) If more space is needed, provide an attachment. **NOTE:** Applicants applying for a position requiring a background check must list any unconditional pardons, suspended imposition of sentences (SIS) or any other conviction set aside by court order.

Conviction	Date	Sentence

Are you at least 18 years of age?  Yes  No    Do you have a legal right to accept employment in the United States?  Yes  No

Have you ever tested positive or refused to take a DOT drug test for a position for which you were not hired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If CDL, Indicate Class
Do you have a current CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	List CDL endorsements
	List Restrictions

### Education

Do you have a High School Diploma or GED Certificate?  Yes  No

Name of High School Attended \_\_\_\_\_ City/State \_\_\_\_\_

College, University or Graduate Schools (if more space is needed, provide an attachment)

Name and Location of School	Dates attended From: To:	Total Credit Hours		Major/Minor or Subjects Taken	Degree and Year Received
		Semester	Quarter		
	From: To:				
	From: To:				
	From: To:				

Technical or Vocational Schools

Name and Location of School	Dates attended From: To:	Total Course Hours	Course Study	Degree Received	Year Received
	From: To:				
	From: To:				

List Current Professional Licenses, Certificates and/or Registrations	Expiration Date:
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<b>Employment History (continued)</b>
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Describe **all** work history beginning with your current or most recent position/job. Include volunteer and military experience, including military rank. If necessary, use additional pages or a resume as long as it provides all required information. **Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position or termination of employment upon discovery.**

Job Title	Name/Title of Supervisor		Supervisor's Phone Number
Employer/Company Name: Address: City, State, Zip:	Ending Pay	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Employer/Company Name: Address: City, State, Zip:	Ending Pay	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			

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	Hours per week	From: To:	
Duties/Responsibilities			

<b>Employment History (continued)</b>
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Employer/Company Name: Address: City, State, Zip:	Ending Pay	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			

Name \_\_\_\_\_

Job # \_\_\_\_\_

## Employment History (continued)

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Employer/Company Name: Address: City, State, Zip:	Ending Pay	Employment Dates (List Month and year)	Reason for Leaving
	Hours per week	From: To:	
Duties/Responsibilities			

List the types of computer software and programs you have used.

List any other special qualifications, skills and/or abilities.

List your typing, data-entry, and 10key skills.

Typing \_\_\_\_\_ WPM

Data Entry \_\_\_\_\_ KSM

10-Key \_\_\_\_\_ KSM

List relatives employed by the Municipality of Anchorage

Name	Relationship	Department
Name	Relationship	Department

**APPLICANT AUTHORIZATION AND CERTIFICATION – I AUTHORIZE** the Municipality of Anchorage (MOA) – ML&P to obtain any information relating to the facts provided in this application from schools, employers, criminal justice agencies, individuals, etc. This information may include, but is not limited to, academic, performance, attendance, achievement, personal history, disciplinary, arrest, and conviction records. **I DIRECT** you to release such information to the MOA – ML&P regardless of any agreement I may have made with you previously to the contrary. **I RELEASE** any employer, including individuals such as records custodians, from any and all liability for damages of whatever kind of nature which may at any time result on account of compliance, or any attempts to comply with this authorization.

**I CERTIFY** that the statements contained herein are true to the best of my knowledge. I understand that any incomplete, inaccurate, misleading, false or incorrect information may result in rejection of my application, disqualification from consideration, may render an appointment void and/or can be cause for my dismissal of employment upon discovery.

**I AGREE** to submit to such tests and physical and/or mental examinations as the MOA – ML&P may require.

**For e-mail submissions only:** By submitting this form the applicant certifies that the information contained in the documents is correct and acknowledges that the applicant will be required to sign the form to re-confirm that certification prior to interviewing for any position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date