



# City of Nome

## PHASE SIX APPLICATION FOR RESTAURANT AND BAR EMPLOYEES

**APPLICATION DEADLINE IS DECEMBER 23<sup>RD</sup> AT 5PM AKT**

Employee Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Name of company employed by: \_\_\_\_\_

**Please check below:** Benefit 19 or less \$300.00 More than 20 hours \$600.00 per week. How many weeks were you unemployed from 11/1-12/30: \_\_\_\_\_

Number of hours worked a week:

Less than 19 hours on average \_\_\_\_\_

More than 20 hours on average per week \_\_\_\_\_

I declare that I was employed by this business as of November 1. I also was available to work during this period of time. I certify that the information provided is true and accurate. I agree to assist in the verification of information provided in this application. And, I agree to provide additional information to the city, if required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

A W-9 form is required to be attached to this form when submitted. Please submit as one PDF file to [manager@nomealaska.org](mailto:manager@nomealaska.org) or fax to 907-443-5345.