| EMPLOYER NAME:                                  |   | POSITIO                                 | N APPLIED F          | OR:                      |   |             |
|---|---|---|----------------------|--------------------------|---|-------------|
|   |   | _<br>                                   | APPI                 | ICANT TELEPHONE          | <b>:</b> :                              |             |
| Employmen                                       | it Applica  | ition                                   | SOCIAL               | SECURITY NUMBER          | ₹:                                      |             |
| YOUR NAME:                                      |   |   |                      |                          |   |             |
| Last  | Firs  |   |                      | Middle                   |   |             |
| ADDRESS:  |   | ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT |                      |                          |   | S.A.?       |
|   |   | Yes                                     | ∐ No                 | (If yes, verification wi |   |             |
|   |   | I AM SEEKIN                             | G A PERMAN           | ENT POSITION:            | Yes                                     | No          |
|   |   | IF NECESSA                              | RY FOR THE           | JOB I AM ABLE TO:        |   |             |
| Are you able to perform the essentia            |   | Work (which shifts)? Select:            |                      |                          |   |             |
| of the position with or without accommodations? |   | Work overtime? Select:                  |                      |                          | 0.1                                     |             |
| Yes   | ] No  | Provide a valid Alaska Drivers License? |                      |                          | Select:                                 |             |
| IF NECESSARY FOR THE JOB, ARE YOU               |   |   |                      | 18 19 21_                | _                                       |             |
| EDUCATION:                                      |   |   | Yrs. Completed       | Field of Study           | Graduate                                | or Degree   |
| High School                                     |   |   |                      |                          |   |             |
| College/University                              |   |   |                      |                          |   |             |
| Business/Technical                              |   |   |                      |                          |   |             |
| Other (May include grammar school)              |   |   | <u> </u>             |                          |   |             |
| MILITARY SERVICE: Yes                           | L No  |   |                      |                          |   |             |
| Duty/Specialized Training:                      |   |   |                      |                          |   |             |
|   |   |   |                      |                          |   |             |
| REFERENCES: List two personal references        | ces who are not relatives or form                                       | er supervisors.                         |                      |                          |   |             |
| Name  | Address   |   | Telephone Occupation |                          | Years known                             |             |
| Name  | Address   | Tolor                                   | phono                | Occupation               |   | Years known |
| Manie   | Address   | Telephone Occupation                    |                      | Оссирации                |   | Teals known |
|   | first. Include summer or tempora<br>here, in the summary (following the |   |                      |                          |   |             |
| Employer Name and Address                       | Position Title/Duties Skills  | Position Title/Duties Skills            |                      |                          | Dates Employed                          |             |
|   | _   |   |                      |                          | from                                    | to<br>I     |
|   |   |   |                      |                          |   |             |
|   |   |   |                      |                          | Reason for le                           | aving       |
|   |   |   |                      |                          | 4                                       |             |
|   | Supervisor's Name:  | Supervisor's Name: Telephone:           |                      |                          |   |             |
|   |   |   |                      |                          | *************************************** |             |
| Employer Name and Address                       | Position Title/Duties Skills  | Position Title/Duties Skills            |                      |                          | Dates Employed                          |             |
|   |   |   |                      |                          | from                                    | to<br>I     |
|   |   |   |                      |                          |   |             |
|   |   |   |                      |                          | Reason for lea                          | aving       |
|   |   |   |                      |                          | 1                                       |             |
|   | Supervisor's Name:  |   | Telepho              | one:                     |   |             |
|   |   |   | ***                  |                          | J                                       |             |
|   |   |   |                      |                          |   |             |

COMPANY OR

| EMPLOTMENT CONTINUED   |   |                        |        |
|--|---|------------------------|--------|
| Employer Name and Address  | Position Title/Dutles Skills  | Dates Employed from to |        |
|  |   | Reason for le          | aving  |
|  | Supervisor's Name: Telephone:   |                        |        |
| Employer Name and Address  | Position Title/Duties Skills  | Dates Employ           | ved    |
|  |   | from                   | to     |
|  |   |                        |        |
|  | 1   | Reason for le          | eaving |
|  | Supervisor's Name: Telephone:   | 1                      |        |
| Summarize other employment related to this job:  |   |                        |        |
| Types of computers, other electronic or mechan equipment that you are qualified to operate or re         |   |                        |        |
| Typing speed: per minute.  |   |                        |        |
| Professional Licenses, Certifications or Registra  | ations:   |                        |        |
|  |   |                        |        |
| Additional skills including supervision skills, othe<br>regarding the career/occupation you wish to brin |   |                        |        |
| In case of accident or illness please contact: N   | lame: Daytime j   | ohone:                 |        |
| Address:   | Relation  | ship:                  |        |
|  |   |                        |        |
| references may be checked. If you have misrepr   | ocedure for processing your employment application, your personal and employn<br>esented or omitted any facts on this application, and are subsequently hired, you<br>e a written request for information derived from the checking of your references.     | nent                   |        |
| If necessary for employment, you may be require have a physical examination and/or a drug test,          | ed to: supply your birth certificate or other proof of authorization to work in the US<br>or to sign a conflict of interest agreement and abide by its terms.   | S.                     |        |
| understand and agree to the information shown  | above:  |                        |        |
| Signature:   | Date:   |                        |        |
| employers are required to provide equal employr  | vemployers are required by federal law to have an Affirmative Action Program, al<br>ment opportunity and may ask your national origin, race and sex for planning and<br>mal and failure to provide it will have no affect on your application for employmen |                        |        |
| Employer Section:  |   |                        |        |
|  |   |                        |        |