

POSITION APPLIED FOR:	
APPLICAN	NT TELEPHONE:

Employme	ent Appl	icatio	n social se	CURITY NUMBER	R:	
YOUR NAME: Last ADDRESS:		First ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? Yes No (If yes, verification will be required.) I AM SEEKING A PERMANENT POSITION: Yes No				
Are you able to perform the essential functions of the position with or without accommodations? Yes No		IF NECESSARY FOR THE JOB I AM ABLE TO: Work (which shifts)? Work overtime? Provide a valid Alaska Drivers License?				
IF NECESSARY FOR THE JOB, ARE Y				18 19 21_	_	
EDUCATION: High School			Yrs. Completed	Field of Study	Graduate or Degree	
College/University Business/Technical						
MILITARY SERVICE: Duty/Specialized Training:						
REFERENCES: List two personal references:	ences who are not relatives o Address	·	ephone	Occupation	Years knowr	
Name	Address		ephone	Occupation	Years known	
	ent first. Include summer or te d here, in the summary (follo					
Employer Name and Address	Position Title/Duties	s Skills			Dates Employed from to Reason for leaving	
	Supervisor's Name:	Supervisor's Name: Telephone:				
Employer Name and Address	Position Title/Duties	S Skills			Dates Employed from to	
	Supervisor's Name:		Telephone	e:	Reason for leaving	

EMPLOYMENT CONTINUED				
Employer Name and Address	Position Title/Duties Skills	Position Title/Duties Skills		
	_		Reason for leaving	
	Supervisor's Name:	Telephone:		
Employer Name and Address	Position Title/Duties Skills		Dates Employed from to	
			Reason for leaving	
	Supervisor's Name:	Telephone:		
Summarize other employment related to this job:				
Types of computers, other electronic or m equipment that you are qualified to operate Typing speed: per minute.				
per minute.				
Professional Licenses, Certifications or R	egistrations:			
Additional skills including supervision skill regarding the career/occupation you wish				
In case of accident or illness please conta	ct: Name:	D	aytime phone:	
·			Relationship:	
references may be checked. If you have n	our procedure for processing your employme nisrepresented or omitted any facts on this ap ny make a written request for information deriv	plication, and are subsequently his	red, you	
	required to: supply your birth certificate or oth g test, or to sign a conflict of interest agreeme		n the US,	
I understand and agree to the information	shown above:			
Signature:		Date:		
employers are required to provide equal e	e many employers are required by federal law mployment opportunity and may ask your nati is optional and failure to provide it will have no	onal origin, race and sex for plann	ing and	
Employer Section:				