

Please PRINT all information requested, sign all Releases and the Application.



For Office Use Only

EMPLOYMENT APPLICATION.
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS IF NECESSARY.

PERSONAL DATA

Date: _____

Position Applying For: _____ Wage Desired: _____

Employment Desired: FULL-TIME SEASONAL: Winter / Summer

How soon are you available for Work? _____

Name _____

Last

First

Middle

Maiden

Present address _____

Number

Street

City

State

Zip

Home Phone _____ Cell or Msg Phone _____ E-mail address _____

Are you a United States Citizen: _____ If not, what type of Visa do you have? _____ Expiration Date: _____

Are You an Alaska Resident: _____ How Long? _____

Date of Birth: _____ Place of Birth: _____ Social Security No. _____ - _____ - _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Type (Circle): D-1 CDL-A CDL-B

Driver's License Number _____ State of issue _____ Expiration date _____

What is your means of transportation to work? _____

Have you ever had a conviction for DWI in any State? _____ Have you ever had your license suspended? _____

Have you had any accidents during the past three years? No Yes How many? _____

Have you had any moving violations during the past three years? No Yes How Many? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain conviction(s), nature of offense(s) State(s) where offenses occurred, and Sentence(s) imposed by the Court.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD? Yes No

Date Entered _____ Discharge Date _____ Type Discharge _____ Specialty _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				
Languages Spoken				

OFFICE SKILLS

Typing Yes No WPM _____ 10-Key Calculator Yes No Personal Computer Yes No
Are you familiar with Microsoft Office Yes No Rate Your Computer Skills: Good Fair Learning

EQUIPMENT & MAINTENANCE EXPERIENCE

Heavy Equipment You Operate: _____ Years Experience: _____
Heavy Equipment You Repair: _____ Years Experience: _____
Maintenance Experience: Circle: Carpentry Electrical Plumbing Years Experience: _____

Tell Us About Yourself and Your Qualifications

An application form sometimes makes it difficult for an individual to adequately summarize their experience. Use the space below to summarize additional information describing your experience and full qualifications for the position for which you are applying. You may also include any explanations you feel would be helpful in understanding other issues in your application.

Please list two character references other than relatives or previous employers.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Relationship to You: _____	Relationship to You: _____
Years they have known you: _____	Years they have known you: _____
What character traits will they confirm about you? (Circle)	What character traits will they confirm about you? (Circle)
Trustworthy Responsible Dependable Loyal Leader Faithful	Trustworthy Responsible Dependable Loyal Leader Faithful

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From _____	Start _____
Address City, State, Zip Code	_____	To _____	Final _____
Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____	_____	_____

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From _____	Start _____
Address City, State, Zip Code	_____	To _____	Final _____
Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____	_____	_____

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From _____	Start _____
Address City, State, Zip Code	_____	To _____	Final _____
Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____	_____	_____

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From _____	Start _____
Address City, State, Zip Code	_____	To _____	Final _____
Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____	_____	_____

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From _____	Start _____
Address City, State, Zip Code	_____	To _____	Final _____
Phone number: _____	_____	_____	_____
Your Job Title: _____	Reason for Leaving: _____	_____	_____

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.
