Employment Application

COMPANY OR EMPLOYER NAME:

Position applying for:

EMPLOYEE INFORMATION

Name:						
Last	First	Middle				
Telephone:	_ Email:	Alternate	e telephone:			
Address:						
Are you able to perform the est the position with or without ad Yes No If necessary for the job are you	ccommodations?	If necessary for the job, I am able Work overtime? Provide a valid Alaska Driver's Licer If so, fill out the following:	🗌 Yes	□ No □ No		
□ 14 □ 15 □ 16 (C	heck one)	Туре:				
18 19 21		Endorsement(s): 🗌 Hazardous	s Material 🛛 🗌 P	Passengers		
I am legally eligible for employment in the U.S.? □ Tankers □ Yes □ No □ School Bus				Tank with Hazardous Materials Double/Triple trailers		
I am seeking a permanent pos	sition: 🗌 Yes 🗌 No					
I will be able to report to v days after being not		Any Day Night	-	Rotating		
	EMI	PLOYMENT HISTORY				
		porary jobs. List all experience or employers mended. If possible, limit application to 2 p				
Employer name and address:	Position title/duties, s	skills:	Start date:	End date:		
	-		Reason for I	leaving:		
Pay: \$	-					
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties, s	skills:	Start date:	End date:		
	-		Reason for I	leaving:		
Pay: \$	-					
Per:	Supervisor:	Telephone:	_			
Employer name and address:	Position title/duties, s	skills:	Start date:	End date:		
	-		Reason for I	leaving:		
Pay: \$	-					
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties, s		Start date:	End date:		
	1		Reason for I	leaving:		

\$

Supervisor:

Pay:

Per:

Telephone:

Summarize other employment related to this job:

EDUCATION									
	Institution name	Years completed		of study	Graduate□ or degree				
High school College/university Business/technical Additional									
MILITARY									
Are you a veteran? Duty/specialized trainir	Yes	🗌 No							
SKILLS & QUALIFICATIONS									
Other qualifications such as special skills, abilities or honors that should be considered:									
Types of computers, software, and other equipment you are qualified to operate or repair:									
Professional licenses, certifications or registrations:									
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:									
Typing speed:	per minute								
REFERENCES									
List two personal references who are not relatives or former supervisors.									
Name	Address	1	Telephone	Occupation	Years known				
Name	Address	٦	Felephone	Occupation	Years known				
		CO	NTACT						
In case of accident or illness, please contact: Name:				Daytime phone:					
Address:				Relationship:					
INFORMATION TO THE APPLICANT									

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.