

# Human Resources

## Application For Employment

(PLEASE PRINT CLEARLY)		Office Use Only <input type="checkbox"/> APICDA <input type="checkbox"/> AJV <input type="checkbox"/> APS <input type="checkbox"/> BPS <input type="checkbox"/> NLG <input type="checkbox"/> UGL <input type="checkbox"/> Other	
NAME:		SOCIAL SECURITY NUMBER:	
KNICKNAME or OTHER NAME(S) WORKED UNDER:			
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
CURRENT PHYSICAL ADDRESS: <small>(IF DIFFERENT FROM ABOVE)</small>			
CITY:		STATE:	ZIP:
TELEPHONE: (     )     )		MESSAGE PHONE: (     )     )	
EMAIL ADDRESS:			
CONTACT IN CASE OF EMERGENCY:			
RELATION:		PHONE NUMBER: (     )     )	

### GENERAL INFORMATION

ARE YOU LAWFULLY PERMITTED TO WORK IN THIS COUNTRY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST SEVEN YEARS? IF YES, ATTACH EXPLANATION.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRIVER'S LICENSE # :	STATE ISSUED:	ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### EMPLOYMENT DESIRED

POSITION YOU ARE APPLYING FOR:		DATE AVAILABLE:
FIRST CHOICE:	ALTERNATE CHOICE:	
SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS THAT APPLY:		
		REFERRED BY:
HAVE YOU WORKED FOR APICDA OR ONE OF IT'S SUBSIDIARY COMPANIES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU APPLIED WITH APICDA OR ONE OF IT'S SUBSIDIARY COMPANIES WITHIN THE LAST 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME, RELATIONSHIP, AND POSITION OF RELATIVES WORKING FOR THE COMPANY OR ANY SUBSIDIARY:		

### EDUCATION

NAME OF SCHOOL	LOCATION	LAST YEAR COMPLETED	DID YOU GRADUATE?	DATE GRADUATED	SUBJECTS STUDIED & DEGREES RECEIVED
HIGH SCHOOL OR G.E.D. RECEIVED		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TRADE, BUSINESS, OR CORRESPONDENCE		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SUBJECTS OF SPECIAL STUDY, RESEARCH OR GRADUATE WORK:					
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?					

**\*\*\*WE ARE AN EQUAL OPPORTUNITY EMPLOYER\*\*\***

**Human Resources**  
509 W 3<sup>rd</sup> Ave, Ste 101, Anchorage, AK 99501  
Voice: 907-929-5273 x201, Fax: 907-646-7741

**Payroll**  
234 Gold Street, Juneau AK 99801  
Voice: 907-586-0161 x313, Fax: 907-586-8156

**MILITARY SERVICE**

PRESENT MILITARY OBLIGATION: <input type="checkbox"/> NONE <input type="checkbox"/> ACTIVE RESERVE <input type="checkbox"/> INACTIVE RESERVE	BRANCH:	ENTRY DATE:	DISCHARGE DATE:	FINAL RANK OR GRADE:
DESCRIBE YOUR DUTY ASSIGNMENTS:				

**OTHER**

HAVE YOU EVER WORKED AT A REMOTE LOCATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
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**JOB HISTORY & REFERENCE INFORMATION**

(EMPLOYMENT HISTORY WILL BE VERIFIED)

EMPLOYER:	SUPERVISOR:	
ADDRESS:	PHONE: (      )	
POSITION / TITLE:	DATES OF EMPLOYMENT: /       /       -       /       /	
DUTIES & RESPONSIBILITIES:		
REASON FOR LEAVING:	STARTING SALARY : \$	ENDING SALARY: \$
ARE YOU REHIRABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, PLEASE EXPLAIN WHY:		
EMPLOYER:	SUPERVISOR:	
ADDRESS:	PHONE: (      )	
POSITION / TITLE:	DATES OF EMPLOYMENT: /       /       -       /       /	
DUTIES & RESPONSIBILITIES:		
REASON FOR LEAVING:	STARTING SALARY : \$	ENDING SALARY: \$
ARE YOU REHIRABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, PLEASE EXPLAIN WHY:		
EMPLOYER:	SUPERVISOR:	
ADDRESS:	PHONE: (      )	
POSITION / TITLE:	DATES OF EMPLOYMENT: /       /       -       /       /	
DUTIES & RESPONSIBILITIES:		
REASON FOR LEAVING:	STARTING SALARY : \$	ENDING SALARY: \$
ARE YOU REHIRABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, PLEASE EXPLAIN WHY:		
EMPLOYER:	SUPERVISOR:	
ADDRESS:	PHONE: (      )	
POSITION / TITLE:	DATES OF EMPLOYMENT: /       /       -       /       /	
DUTIES & RESPONSIBILITIES:		
REASON FOR LEAVING:	STARTING SALARY : \$	ENDING SALARY: \$
ARE YOU REHIRABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF NO, PLEASE EXPLAIN WHY:		

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**JOB HISTORY & REFERENCE INFORMATION**

(Continued)

EMPLOYER:		SUPERVISOR:	
ADDRESS:		PHONE: (       )	
POSITION / TITLE:		DATES OF EMPLOYMENT: /        /        -        /        /	
DUTIES & RESPONSIBILITIES:			
REASON FOR LEAVING:		STARTING SALARY : \$	ENDING SALARY: \$
ARE YOU REHIRABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, PLEASE EXPLAIN WHY:			
EMPLOYER:		SUPERVISOR:	
ADDRESS:		PHONE: (       )	
POSITION / TITLE:		DATES OF EMPLOYMENT: /        /        -        /        /	
DUTIES & RESPONSIBILITIES:			
REASON FOR LEAVING:		STARTING SALARY : \$	ENDING SALARY: \$
ARE YOU REHIRABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, PLEASE EXPLAIN WHY:			

**(PLEASE READ CAREFULLY BEFORE SIGNING THE EMPLOYMENT APPLICATION)**

I swear that the statements contained in this employment application (whether in my own handwriting or other writing at my direction) are true and accurate. I understand that any misrepresentation or omission of material facts called for is cause for dismissal. I hereby authorize the company to investigate and verify any and all statements contained herein and request the persons, firms or corporations named above to answer any and all questions relating to this employment application. I hereby release in full from any and all liability the company, its agents, and any person, firm or corporation who provides information concerning my employment history, education and character. I understand that I will submit to a medical examination or drug screening test, if requested, and that my continued employment, if offered, will be at the will of the employer and myself, and may be terminated at any time for any reason by either party. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

PRINTED NAME OF APPLICANT:	
SIGNATURE OF APPLICANT:	DATE:        /        /

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INTERVIEWED BY:	DATE:        /        /
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