

42030 Kalifornsky Beach Road Soldotna, Alaska 99669 Phone: 907-283-9456

## **Employment Application**

		Арр	licant In	nforma	ation			
Full Name:							Date:	
	Last	First				M.I.		
Address:								
	Street Address						Apartment/Unit #	
	0''					0	7/0.0	
	City					State	ZIP Code	
Phone:			E	Email				
Date Available: Social Security			/ No.:			Desir	ed Salary: <u>\$</u>	
Position App	olied for:							
YES Are you a citizen of the United States?			NO	If no	o, are you	ı authorized to	YES work in the U.S.?	NO
Have you ev	ver worked for this company?	YES	NO	If yes,	when?			
Have you ev	ver been convicted of a felony?	YES	NO					
If yes, explai	in:							
			Educa	ation				
High School: Address:								
From:	To:	Did you gı	raduate?	YES	NO	Diploma::		
College:			Address:_					
From:	To:	Did you gı	raduate?	YES	NO	Degree:		
Other:	Addre		Address:					
From:	To:	Did you gr	aduate?	YES	NO	Degree:		

## References Please list three professional references. Full Name: Relationship: Company: Phone: Address: Full Name: Relationship: Company: Phone: Address: Full Name: Relationship: Phone: Company: Address: Previous Employment Phone: Company: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Phone: Company: Address: Supervisor:\_\_\_\_ Job Title: Ending Salary:\$ Starting Salary:\$ Responsibilities: Reason for Leaving: From: To: YES NO May we contact your previous supervisor for a reference? П Phone: Company: Supervisor: Address:

Starting Salary:\$

Ending Salary:\$

Job Title:

Responsibilities:

From:	To:	Reason fo	Reason for Leaving:								
May we contact your previous	s supervisor for a reference?	YES	NO								
Military Service											
Branch:			From:	To:							
Rank at Discharge:	Discharge: Type of Discharge:										
If other than honorable, expla	ain:										
	Disclaimer a	and Signatu	ıre								
I certify that my answers are	e true and complete to the best c	of my knowled	lge.								
may result in my release. It examination that may be reduring the course of my emphysician, hospital, laborate information which may be re	mployment, I understand that fall hereby agree to submit to any law quired as a condition of employing ployment may result in disciplinatory, or collection site to release to equested, prior to employment out I am being considered or occurrence.	wful drug test nent and unde ry action, up o the compan r in the future	ing, integrity testing erstand that refusa to and including te y the results of any , necessary to dete	g, or any post-offer medical al to submit to such testing armination. I authorize any a test or examination or other bermine my ability to perform							
Signature:			Γ	Date:							