

APPLICATION FOR EMPLOYMENT

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

**Fax completed application to:
907.451.8151**

Please complete the company application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered.

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

For Office Use Only

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 _____ Are You an Alaska Resident: _____ How Long? _____
do you have? _____ Expiration Date: _____

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 _____

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				

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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

Please list Computer Software and Hospitality Industry Computer Systems with which you are familiar:

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)

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Trustworthy Responsible Dependable Loyal Leader Faithful

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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.

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

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application with _____(hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the "employment-at-will" relationship between the company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as a random testing program after employment; (2) my consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I have also authorized by my signature the following attached forms in order that my application can be processed: 1) Driver Information Release 2) Drug Testing Consent Form

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable "at will" for any reason by either party.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of applicant _____ Date: _____

Printed Name of Applicant: _____ Phone: _____

Drug Testing Consent Form

I have applied for employment with _____ (hereinafter called "the company.") As a condition for my application being considered, I understand and agree to undergo substance pre-employment screening. I understand that if my test results are positive, I shall not be considered further by "the company" for employment. I further understand and agree that should I be hired, that as an employee of "the company" that I will be subject to random testing for controlled substances. I understand that if my random tests are positive, that I will be terminated for cause.

I hereby authorize any physician, laboratory, hospital or medical professional retained by "the company" for screening purposes to conduct such screening and to provide the results to _____. Further, I release "the company" and any person affiliated with "the company" and any such institution or person conducting the screening, from liability therefore.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

STATE OF ALASKA / *Frank Murkowski, GOVERNOR*

Department of Administration /

Division of Motor Vehicles

DRIVING RECORD RELEASE FORM

I, _____ do hereby authorize the

Department of Administration, Division of Motor Vehicles, to release my driving record to: MVR's Inc. and HireRicht, Inc.

Signature: _____

Date: _____

Alaska Drivers License #: _____

SSN#: _____

Date of Birth: _____

