



## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

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<b>Employer</b>	Telephone	Dates Employed (To/From)	Work Performed
<hr/>			
Address			
<hr/>			
Job Title		Hourly Rate/Salary - Starting/Final	
<hr/>			
Supervisor			
<hr/>			
Reason for Leaving			

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Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications acquired from employment or other experience.

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Veteran of the U.S. Military service? \_\_\_ Yes \_\_\_ No If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

SPEAK

READ

WRITE

List professional, trade, business or civic activities and offices held.

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Give name, address, email address, and telephone number of three references who are not related to you and are not previous employers.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer *this information. The purpose is to provide information regarding proper placement and* appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

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If you wish to be identified, please sign below.

Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Signed \_\_\_\_\_

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ALASKA NATIVE \_\_\_\_\_ AMERICAN INDIAN \_\_\_\_\_ NATIVE HAWAIIAN \_\_\_\_\_

If you are Alaska Native or American Indian, please indicate which Tribe you are enrolled.

VERIFICATION MUST ACCOMPANY APPLICATION

## EDUCATION

Please check your highest level of education:

Elementary    Highschool/GED    Associates    Bachelors    Post Grad    Professional

\_\_\_\_\_  
School/Institution Name

\_\_\_\_\_  
Years Completed

\_\_\_\_\_  
Diploma/Degree Describe

\_\_\_\_\_  
Course of Study:

\_\_\_\_\_  
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities

\_\_\_\_\_  
Honors Received:

\_\_\_\_\_  
State any additional information you feel may be helpful to us in considering your application.

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Have you ever been arrested for a crime involving a child? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state:

1. Date of arrest/charge \_\_\_\_\_
2. Description \_\_\_\_\_
3. Disposition \_\_\_\_\_
4. Location \_\_\_\_\_
5. Name/address of law enforcement involved \_\_\_\_\_

2. Have you ever been found guilty of, or entered a plea of nolo contrenre (no contest), or guilty to, any offense under Federal, State, or tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? \_\_\_\_ Yes \_\_\_\_ No    If yes, please state:

1. Date of arrest/charge \_\_\_\_\_
2. Description \_\_\_\_\_
3. Disposition \_\_\_\_\_
4. Location \_\_\_\_\_
5. Name/address of law enforcement involved \_\_\_\_\_

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Dept. \_\_\_\_\_

By \_\_\_\_\_

Name & Title

Date