COMPANYOR EMPLOYER NAME:		PO	SITIONAPPLIEDFO)R:	
Employme	ent Appli	cat	ion ^{TELE}	PHONE	
	• •	,	SOCIAL SECURITY Optional		
YOUR NAME:Last				, 	
Last	First	455145	Middle		
ADDRESS:		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A? Yes No (If yes, verification will be required)			
				t yes, verificatio	on will be required)
			EKINGAPERMANE		
			EKING TEMPORAR		
AREYOUABLETO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITHOUT ACCOMMODATION?			IFNECESSARY FOR THE JOB I AMABLE TO:		
	ACCOMMODATION?	Work (\	Which Shifts)? $_$		
☐ Yes ☐ N	o	VVOIKO	verune?		
		Provide	a valid Alaska D	rivers License	?
IF NECESSARY FOR THE JOB, ARE	YOU OVER: 14 15 16	18 19	04 (5)		
WILL BE ABLE TO REPORT TO V			21 (Please Cir NOTIFIED THAT	•	
EDUCATION School Name/ Loca		N BEING			
High School	ation		Yrs. Completed	Field of Study	Graduate or Degre
College/University					
Business/Technical					
Other (May include grammar school)		· · · · · · · · · · · · · · · · · · ·			
MILITARY SERVICE Yes	☐ No Duty/Specializ	ed Training			
		ed Hanni	9		
REFERENCES: List two personal refer	ences who are not relatives or for	rmercuna			
lame	Address/telephone	iner supe	rvisors.	Occupation	Years known
					rears known
·					
MPLOYMENT: List last employmen of this job are listed here, in the summer the summer in the summer than the summer in the summer than the summer in the summer than the summer in the su	t first. Include summer or temp	oraryjobs.	Be sure all your	experience or	employers related
		seanextra	sheetofpaperif	necessary.	omployers related
mployerName and Address	Position Title/Duties Skil	ls		Dates E	mployed
					rom To
				Salary	
	Supervisor's Name		Telephone	Reason	forLeaving
nployerName and Address	Position Title/Duties Skill				······································
	osidori ilde/Duttes SKIII	S		DatesE	mployed
				Fro	om To
				/ Salary	
	Supervisor's Name		Telephone	Reason	forLeaving
			. Cicpitolie	1	

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Employer Name and Address	Position Title/Duties Skills		la
			Dates Employed From To
			1 1
			Salary
			Reason for Leaving
	Supervisor's Name	Telephone	Treason for Leaving
EmployerName and Address	Position Title/Duties Skills		
	Comon Title/Duties Skills		Dates Employed
			From To
			Salary
			Reason for Leaving
	Supervisor's Name	Telephone	ineason for Leaving
Summarize other employment related	to this job.		
Types of computers, other electronic of	or mechanical equipment that you a	re qualified to operate or re	epair:
			Typing Speed:
-			у, 3-р-сс.
Professional Licenses, Certifications of	rRegistrations:		
Professional Licenses, Certifications or Additional skills including supervision	rRegistrations:skills, other languages, or informa	ation regarding the career	
Additional skills including supervision	skills, other languages, or informa	ation regarding the career	
Additional skills including supervision	skills, other languages, or informa	ation regarding the career	
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Additional skills including supervision the employer's attention: In case of accident or illness,	skills, other languages, or informa	ation regarding the career	/occupation you wish to bring t
Additional skills including supervision the employer's attention: In case of accident or illness, please contact: Name:	skills, other languages, or informa	ation regarding the career	
Additional skills including supervision the employer's attention: In case of accident or illness, please contact: Name:	skills, other languages, or informa	ation regarding the career	/occupation you wish to bring t
Additional skills including supervision the employer's attention: In case of accident or illness, please contact: Name:	skills, other languages, or informa	ation regarding the career	ne Phone:
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Additional skills including supervision the employer's attention: In case of accident or illness, please contact: Name: Information to the applicant: As partiment references may be checked. If you may be discharged from your job. Yences. If necessary for employment, you may	of our procedure for processing you have misrepresented or omitted a You may make a written request fo	Daytin Tremployment application ny facts on this application rinformation derived from	me Phone: Relationship: , your personal and employ- , and are subsequently hired, the checking of your refer-
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Additional skills including supervision the employer's attention: In case of accident or illness, please contact: Name: Address Information to the applicant: As partment references may be checked. If you may be discharged from your job. Yences. If necessary for employment, you may have a physical examination and/or a dunderstand and agree to the information signature Equal Employment Opportunity: All employers are required to provide eand reporting purposes only. This information in the provide eand reporting purposes only. This information is the provided of the provided early reporting purposes only. This information is the provided of the provided of the provided early reporting purposes only. This information is the provided of the provided of the provided early purposes only. This information is the provided of the provided	of our procedure for processing you whave misrepresented or omitted a You may make a written request for be required to: supply your birth cerug test, or to sign a conflict of interest on shown above: While many employers are required to any or the property of the required to any or the required	Dayting Daytin	me Phone: Relationship: , your personal and employ- , and are subsequently hired, the checking of your refer- authorization to work in the US by its terms. Date an Affirmative Action Program