Employmentcompany or employer name:ApplicationPosition applying for: _____

EMPLOYEE INFORMATION

Name:							
Last	First	Middle					
Telephone:	Email:	Alternate telephone:					
Address:							
the position with o Yes No If necessary for the	rform the essential functions of r without accommodations? e job are you older than:	If necessary for the job, I am able to: Work overtime? Yes Provide a valid Alaska Driver's License? Yes If so, fill out the following: Issuing state:					
	16 (Check one)	Type:					
Image: 18 19 21 Image: 18 19 21 Image: 19 21							
EMPLOYMENT HISTORY							
		nporary jobs. Be sure all your experience or employers related to this job are listed a sheet of paper if necessary. No more than 10 years history recommended.					
Employer name an	d address: Position title/duties,	skills: Start date: End date:					
		Reason for leaving:					
Pay: \$							
Per:	Supervisor:	Telephone:					

Position title/duties, skills:

Position title/duties, skills:

Position title/duties, skills:

Supervisor:

Supervisor:

Supervisor:

Employer name and address:

Employer name and address:

Employer name and address:

Pay:

Per:

Pay:

Per:

Pay:

Per:

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\$

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Telephone:

Telephone:

Telephone:

Start date:

Start date:

Start date:

Reason for leaving:

Reason for leaving:

Reason for leaving:

End date:

End date:

End date:

EDUCATION								
	Institution name	Years completed	Field of stu	ıdy	Graduate or degree			
High school								
College/university Business/technical Additional								
MILITARY								
Are you a veteran? Yes No Duty/specialized training:								
SKILLS & QUALIFICATIONS								
Other qualifications such as special skills, abilities or honors that should be considered:								
Types of computers, software, and other equipment you are qualified to operate or repair:								
Professional licenses, certifications or registrations:								
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:								
Typing speed:	per minute							
REFERENCES								
List two personal references who are not relatives or former supervisors.								
Name	Address	1	Felephone	Occupation	Years known			
Name	Address	1	Felephone	Occupation	Years known			
CONTACT								
In case of accident or illness, please contact: Name: Daytime phone:								
Address:	Relationship:							
INFORMATION TO THE APPLICANT								
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may								

make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.