



PO Box 229  
Delta Junction, Alaska 99737  
907-895-4656

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status

**(PLEASE PRINT)**

Position(s): \_\_\_\_\_

How did you learn about the position?

Advertisement       Friend       Inquiry       Facebook  
 Employment Agency       Relative       Other \_\_\_\_\_

Last Name

First Name

Middle Name

\_\_\_\_\_

Mailing Address

City

State

Zip Code

\_\_\_\_\_

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

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

\_\_\_\_\_

Best time to contact you (circle): Morning    Afternoon    Evening

If under 18 years of age, are you able to provide proof of work eligibility?  Yes  No

Have you ever filed an application with us before?

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives,  
(spouse not included) work here?  Yes  No  
If Yes, state name, relationship, and title:

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Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of  
Visa or Immigration Status?

*Proof of citizenship or immigration will be required upon employment.*

Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
What is your desired salary range? \$ \_\_\_\_\_ per hour/year  
Availability to work:  Full-time  
 Part-time  
 Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

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

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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Are you fluent in any language(s), other than English?  Yes  No

If Yes, what language(s)? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Wage: \_\_\_\_\_  
Supervisor Name & Phone Number: \_\_\_\_\_  
Job Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Wage: \_\_\_\_\_  
Supervisor Name & Phone Number: \_\_\_\_\_  
Job Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Wage: \_\_\_\_\_  
Supervisor Name & Phone Number: \_\_\_\_\_  
Job Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIALIZED SKILLS** (Computer skills/technology knowledge)

- Credit Card Machine       PC       10-Key
- Keyboard (WPM )       Copier     Fax     Scanner
- Multi-line Telephone       Credit Card Machine
- Other (Please Describe):

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**ADDITIONAL INFORMATION**

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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

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**PERSONAL/PROFSSIONAL REFERENCES**

Do not include family members or past supervisors

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Best time to call: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Best time to call: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Best time to call: \_\_\_\_\_

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the essential functions involved in such a job or occupation has been given.  
\_\_ Yes \_\_ No

**APPLICANT'S STATEMENT**

- \* I certify that answers given herein are true and complete.
- \* I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- \* In the event of employment, I understand that false or misleading information given in my application interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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**SIGNATURE OF APPLICANT**

**DATE**