



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

APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, color, religion, reed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applying For: _____

How did you learn about the position?

Advertisement Friend Inquiry Facebook
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name
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Mailing Address	City	State	Zip Code
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Telephone Number:	Home Number	Cell Number
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Email Address

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

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

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If yes, please state what dates: _____

Do any of your friends or relatives work here? Yes No

If yes, please state name, relationship, and title: _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you a U.S. citizen? Yes No

If "no", are you allowed to work in this country? Yes No (Proof of citizenship or immigration status will be required upon employment)

Date you are available to work ____/____/____

What is your desired salary range? \$_____ per hour/year

Employment Desired: Full-time Part-time Temporary

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

Can you travel if the job requires it? Yes No

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

If yes, what languages? _____

Please list professional, trade, business, or civic activities and offices held:

EMPLOYMENT HISTORY

Employer: _____

Position/Title: _____

Dates Employed: _____ to _____

Wage: _____

Supervisor Name and Phone Number: _____

Job Duties: _____

Employer: _____

Position/Title: _____

Dates Employed: _____ to _____

Wage: _____

Supervisor Name and Phone Number: _____

Job Duties: _____

Employer: _____

Position/Title: _____

Dates Employed: _____ to _____

Wage: _____

Supervisor Name and Phone Number: _____

Job Duties: _____

EDUCATION:

High School: _____ City/State: _____

Years: _____ to _____

Did you Graduate? ___ Yes ___ No Date of graduation: _____

If "no," did you get your GED? ___ Yes ___ No Date of GED: _____

College: _____ City/State: _____

Years: _____ to _____

Did you Graduate? ___ Yes ___ No Date of Graduation: _____ Diploma: _____

Graduate School: _____ City/State: _____

Did you Graduate? ___ Yes ___ No Date of Graduation: _____ Diploma: _____

SPECIALIZED SKILLS (computer and technology knowledge):

OTHER QUALIFICATIONS (summarize specific job-related training, skills, experience, and extra-curricular activities):

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