



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 \_\_\_\_\_

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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	Birthdate MM/DD/YYYY
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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:

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## 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES****Do NOT include family members**

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

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Best time to call: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Best time to call: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Best time to call: \_\_\_\_\_

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an “at will” employer. Therefore, any employee (regular, temporary, or other type of category) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

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Signature of Applicant

Date