COMPANY OR EMPLOYER NAME: _____ POSITION APPLIED FOR: _____

Employment Application

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____
Last First Middle

ADDRESS:

_____

_____

_____

Are you able to perform the essential functions of the position with or without accommodations?

☐ Yes ☐ No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

☐ Yes ☐ No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: ☐ Yes ☐ No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? Select: _____

Work overtime? Select: _____

Provide a valid Alaska Drivers License? Select: _____

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14__ 15__ 16__ 18__ 19__ 21__

I WILL BE ABLE TO REPORT TO WORK ____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School			
College/University			
Business/Technical			
Other (May include grammar school)			

MILITARY SERVICE: ☐ Yes ☐ No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: Telephone:	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: Telephone:	

Developed at employer request by the Alaska Department of Labor and Workforce Development, Employment Security Division genapp (r03/00)

COMPANY OR EMPLOYER NAME:

POSITION APPLIED FOR:

APPLICANT TELEPHONE:

Employment Application sociais

SOCIAL SECURITY NUMBER:

YOUR NAME:

Last

ADDRESS:

Dres

No

First

Middle ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

Yes No (If yes, verification will be required.) I AM SEEKING A PERMANENT POSITION: IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? Select: Work overtime? Select: Provide a valid Alaska Drivers License ? Select:

Are you able to perform the essential functions of the position with or without accommodations?

Yes No

19_

21_

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14_ 15_ 16_ 18_ I WILL BE ABLE TO REPORT TO WORK DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:

Yrs. Completed

Field of Study

Graduate or Degree

High School College/University Business/Technical

Other (May include grammar school)

MILITARY SERVICE:

MILITARY SERVICE:

Yes

Yes

No

Duty/Specialized Training:

REFERENCES: List two personal references who are not relatives or former supervisors.

Name

Address

Telephone

Occupation

Years known

Name

Address

Telephone

Occupation

Years known

EMPLOYMENT:

List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address

Position Title/Duties Skills

Dates Employed from

to

Reason for leaving

Supervisor's Name:

Telephone:

Employer Name and Address

Position Title/Duties Skills

Dates Employed from

to

Reason for leaving

Supervisor's Name:

Telephone:

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

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