

EMPLOYEE INFORMATION

Name:							
Last Telephone:	First Email:	Middle Alternate telephone:					
Address:			·				
Are you able to perform the essential functions of the position with or without accommodations? Yes Yes No If necessary for the job, I am able to: Yes No If necessary for the job are you older than: 14 15 16 (Check one) 18 19 21 I am legally eligible for employment in the U.S.? Yes No I am seeking a permanent position: Yes I awill be able to report to work Marker after being notified I am hired. I f necessary for the job, I am able to: Work overtime? Yes No I will be able to report to work Any Day No I am legary to the job and the point of the job and the point of the							
	FMPI	OYMENT HISTORY					
List most recent 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 on an extra sheet of paper if necessary. No more than 10 years history recommended.							
Employer name and address:	Position title/duties, ski	lls:	Start date:	End date:			
			Reason for lea	aving:			
Pay: <u>\$</u> Per:	Supervisor:	Telephone:	-				
Employer name and address:	Position title/duties, ski	•	Start date:	End date:			
	,						
			Reason for lea	aving:			
Pay: \$							
Per:	Supervisor:	Telephone:					
Employer name and address:	Position title/duties, ski	•	Start date:	End date:			
	-		Reason for lea	aving:			
Pay: \$		-	_				
Per:	Supervisor:	Telephone:	Chart data:	Fud data.			
Employer name and address:	Position title/duties, ski	IIS:	Start date:	End date:			
]		Reason for lea	aving:			
Pay: \$							
Per:	Supervisor:	Telephone:					

Rev. 8/2010

Employment Application

EDUCATION								
	Institution name	Years completed	Field	of study	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		Telephone	Occupation	Years known			
Name	Address		Telephone	Occupation	Years known			
CONTACT								
In case of accident or illness, please contact: Name:				Daytime phone:				
Address:	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	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							

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

and failure to provide it will have no affect on your application for employment.

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