

Date of Application	
File #	

ARCTEC Alaska is an Equal Opportunity Employer.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

PLEASE PRINT						
Last Name	First		Middle	Other Nar	nes Used in Empl	oyment
Street Address		City	State		Zip Code	
Mailing Address		City	ity State		Zip Code	
Home Telephone		Business/Mes	sage Telephone			
Do you have a current Driver's License? YES NO State U.K? YES NO						n U.S. or
Position(s) Desire	d					
Type of Work De	sired Temporary Sumi	ner Part	t-Time Hours Desired:	<u> </u>	Availabl	e Start Date
Please give special skills or training that make you qualified for this (these) position(s)						
Professional Licenses, Certificates or Registration						
How did you learn of ARCTEC? (Newspaper Ad, Agency, Current Employee, etc.)						
Were you previously employed by ARCTEC? YES NO If yes, when?		Name(s) of relative(s) now employed or board member with ARCTEC				
Rate of Pay Desired		Are you 18 or older? YES NO				
EDUCATI	ON					
School	Name and Location	of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School					□YES □NO	
College					□YES □NO	
College					□YES □NO	
Other					YES	
					□NO	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time record. Start with present or most recent employer.

Company Name		Telephone
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay StartFinal
Position Description		Reason for leaving
Company Name		Telephone ()
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay Start Final
Position Description		Reason for leaving
Company Name		Telephone
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay StartFinal
Position Description		Reason for leaving
Company Name		Telephone
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay StartFinal
Position Description		Reason for leaving
		Do Not Contact
We may contact the employers listed above unless you indicate those you do not want us to contact.		Reason

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time record. Start with present or most recent employer.

Company Name		Telephone ()
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay StartFinal
Position Description		Reason for leaving
Company Name		Telephone ()
Address		Date of Employment FromTo
Job Title	Supervisor's Name	Rate of Pay Start Final
Position Description	·	Reason for leaving
Company Name		Telephone ()
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay Start Final
Position Description		Reason for leaving
Company Name		Telephone ()
Address		Date of Employment From To
Job Title	Supervisor's Name	Rate of Pay StartFinal
Position Description	·	Reason for leaving
		Do Not Contact
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OTHER INFORMATION

Have you ever been denied a security clearance? YES NO	
*Have you ever been convicted of a felony or misdemeanor?	
YES NO If yes, please explain	
*Have you ever had your driver's license suspended or revoked as a result of moving violation(s	s)?
YES NO If yes, please explain	
*Information supplied on conviction record will not necessarily bar applicant from consideration	n for employment. Nature of, reason
for, and time elapsed since conviction will be reviewed in light of the duties of the job sought. Are you a shareholder in a Native Corporation? YES NO If yes, which one(s)	7
Ale you a shareholder in a realive corporation:	•
MILITARY SERVICE	
Describe your duties and any special training	Branch of Service
	Rank at Discharge
	Kank at Discharge
	Type of Discharge
	Type of Discharge
	Reserve Status
READ CAREFULLY	
READ CAREFULL I	
The information provided in this application for employment is true, correct a	nd complete. If employed any
misstatement or omission of fact on this application may result in my dismissal.	nd complete. If employed, any
I understand and agree that acceptance of an offer of employment does not	
obligation or permanent employment upon the Company. Employment is ent	· · · · · · · · · · · · · · · · · · ·
resign at any time. Similarly, my employment may be terminated for any reason	and at any time without previous
notice.	
To comply with the Drug Free Work Place Act of 1988, employees are required	to participate in an education and
awareness program. Employees working on specific U.S. Government contracts of	
government are affected. It is necessary for you to submit to drug testing.	
Applicant Cianatura	
Applicant Signature Date	