



# APPLICATION FOR EMPLOYMENT

ARCTEC Alaska is an Equal Opportunity Employer.

PLEASE PRINT

Last Name	First	Middle	Other Names Used in Employment
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Cell Telephone ( )	Alternate Telephone ( )		Email
Do you have a current Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO State _____	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, are you eligible for employment in the U.S? YES NO	
Position(s) Desired			
Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Relief <input type="checkbox"/> Part-Time Hours Desired: _____			Available 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? (Current Employee, ARCTEC website, job board, etc.)			
Were you previously employed by ARCTEC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?		Name(s) of relative(s) now employed with ARCTEC	
Rate of Pay Desired		Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

# EMPLOYMENT HISTORY

Please give an accurate and complete full-time and part-time record of previous employment. Start with present or most recent employer and list all employers within the last seven (7) years.

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 Start _____ Final _____
Position Description		Reason for leaving
Company Name		Telephone ( )
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**We may contact the employers listed above**

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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 Start _____ Final _____
Position Description		Reason for leaving

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# OTHER INFORMATION

Have you ever been denied a security clearance?

YES  NO

Have you ever been convicted of a misdemeanor or felony?

YES  NO

List charges, misdemeanor, felony, dates and locations of all charges:

Have you ever had your driver's license suspended or revoked?

YES  NO

Explain the reason for suspension and/or revocation and list dates of charges.

\*Information supplied on conviction record will not necessarily bar applicant from consideration 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)?

# MILITARY SERVICE

<b>Branch of Service</b>	<b>Describe duties and any special training:</b>
<b>Rank at Discharge</b>	
<b>Type of Discharge</b>	
<b>Reserve Status</b>	

# READ CAREFULLY

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

**I understand and agree that acceptance of an offer of employment does not create an expressed or implied obligation or permanent employment upon the Company. Employment is entered into voluntarily and I may 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 or contracts regulated by the U.S. government are affected. It is necessary for you to submit to drug testing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date