



## EMPLOYMENT APPLICATION

Please check one :

SHAREHOLDER

SHAREHOLDER DESCENDANT

SHAREHOLDER SPOUSE

Name of spouse or original shareholder: \_\_\_\_\_

Please Print

REQUISITION #: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_ DATE \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have a valid driver's license?  Yes  No State/License #: \_\_\_\_\_

Have you ever applied to, or worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the U.S.A?  Yes  No (If yes, verification will be required)

### General Information About Employment Desired

Position you are applying for? \_\_\_\_\_  Full-time  Part-time  Temporary

If part-time, hours per week desired: \_\_\_\_\_ Are you available for work on weekends? \_\_\_\_\_

Are you available to work holidays? \_\_\_\_\_ Days of week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_ Are you available to be on-call? \_\_\_\_\_

Are you available to work evenings and nights? \_\_\_\_\_ Are you available to work overtime? \_\_\_\_\_

If hired, on what date could you start work? \_\_\_\_\_

Are you able to travel on company business? \_\_\_\_\_ % time willing to travel: \_\_\_\_\_

If necessary for the job, are you over: 14 15 16 18 19 21 (Please circle one)

### Education and Training (Include on-the-job training)

	<u>School Name/Location</u>	<u>Yrs. Completed</u>	<u>Field of Study</u>	<u>Graduate or Degree</u>
High School				
Community College				
Trade School				
College/University				
Seminars/Other				

Military Service  Yes  No Duty/Specialized Training \_\_\_\_\_

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

Name	Address/Phone	Occupation	Years Known
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**Employment History:** 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 _____ _____ _____ _____ Supervisor's Name:    Phone: (    )	Position Title/Duties Skills: _____ _____ _____ _____ _____	Date Employed: ____ / ____ / ____ From                      To Salary: _____ Reason for Leaving: _____ _____
Employer Name and Address _____ _____ _____ _____ Supervisor's Name:    Phone: (    )	Position Title/Duties Skills: _____ _____ _____ _____ _____	Date Employed: ____ / ____ / ____ From                      To Salary: _____ Reason for Leaving: _____ _____
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Summarize other relevant experience, skills and background: _____ _____ _____		
Computer skills	Dates Used	Level of proficiency
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: _____ _____ _____		

In case of emergency, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone Number:( \_\_\_\_\_ ) Relationship: \_\_\_\_\_

Since your 18th birthday, have you been convicted of a felony or felony-reduced-to misdemeanor conviction by any court? You may omit conviction of a misdemeanor while under age 18 if the record was sealed under Penal Code 1203.45, minor traffic violations for which the fine imposed was \$400.00 or less, any offense that was finally settled in juvenile court or referred to the youth authority, or any conviction specified in Health and Safety Code Section 11361.5 which pertains to certain marijuana offenses. Please answer  Yes  No (If YES, date, location and explanation): \_\_\_\_\_

Have you ever been convicted of a federal crime, as defined in 42 USC 1320a-7(i) or been excluded from participating in any federal or state health care program?  Yes  No (If YES, date, location and explanation): \_\_\_\_\_

**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 US, have a physical examination and/or a drug test, to sign a conflict of interest agreement, or a confidentiality agreement and abide by its terms.

I understand and agree to the information shown above.

Applicant's Signature \_\_\_\_\_

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

Employer Section: \_\_\_\_\_



## FOR APPLICANT ONLY – EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

To the extent that we are a U.S. Government contractor, we are required to take affirmative action to ensure equal employment and advancement opportunities for all applicants. Submission of this information is **STRICTLY VOLUNTARY**; refusal to provide it will not result in any adverse treatment. This information will be kept confidential and will not be used to discriminate against you. In order to comply with state and federal reporting regulations, we request the following information:

**Print Full (Legal) Name:** \_\_\_\_\_

I do not wish to self-identify (if you check this box, go to the signature line of this form, sign and date).

**Male**  **Female**  **Position Applied For:** \_\_\_\_\_

### Select the following categories with which you identify:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White: (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American: (Not Hispanic or Latino):** All persons having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indianan/Alaskan Native (Not Hispanic or Latino):** All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

### ARE YOU A(N):

**Ahtna Shareholder, Shareholder spouse or descendent.** If spouse or descendent please name the Shareholder:

**Shareholder of other Native Corporation/Tribal Affiliation:** \_\_\_\_\_  
(PRINTED NAME OF CORPORATION/TRIBE)

### CHECK ALL THAT APPLIES: You may be in several categories.

- NOT A VETERAN**
- VETERAN OF THE VIETNAM ERA:** A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
- NEWLY SEPARATED VETERAN:** Any veteran who served on active duty during the one-year period beginning on the date of discharge or release from active duty.
- OTHER PROTECTED VETERAN:** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**Authorization / Release Form**

I hereby authorize *AHTNASTS.* and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in an or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to *AHTNASTS.* or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release *AHTNASTS.*, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization expires 90 days from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Soc. Sec Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(I. D. Purposes Only)

Drivers License Number/ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_