



KUUKPIIK CORPORATION

P.O. Box 89187
Nuiqsut, Alaska 99789-0187
TEL: (907) 480-6220
FAX: (907) 480-6126

APPLICATION FOR EMPLOYMENT

Position Applying for: _____ Date of Application _____

How did you learn about us? _____

Advertisement Friend Walk-In

Employment Agency Relative Other

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS NUMBER STREET CITY STATE ZIP

TELEPHONE NUMBER(S) SOCIAL SECURITY NUMBER

If you are under 18 years of age, can you provide required proof of you eligibility to work?
 yes no

Have you ever filed an application with us before? yes no

If yes, give us a date: _____

Are you currently employed? yes no

May we contact your present employer? yes no

Are you a citizen of the United States? yes no

On what date would you be available for work? _____

Are you available to work: Full time Part time Temporary

Are you currently on "laid off" status and subject to recall? yes no

Can you travel if a job requires it? yes no

Have you been convicted of a felony within the last 7 years? yes no

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

	ELEMENTARY SCHOOL	HIGH SCH.	UNDER GRAD/COLLEGE UNIVERISTY	GRADUATE/ PROFESSIONAL
SCHOOL NAME & LOCATION				
YRS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY				
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULARACTIVITIES				

State any additional information you feel may be helpful to us in considering your application:

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, religion, national origin, age, ancestry, handicap, or other protected status.

REFERENCES:

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military? [] yes [] no

EMPLOYMENT & JOB HISTORY

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You can exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. EMPLOYER DATES EMPLOYED WORK PERFORMED

	FROM	TO	
	ADDRESS		
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY	
		FROM TO	
JOB TITLE SUPERVISOR			
REASON FOR LEAVING			

2. EMPLOYER DATES EMPLOYED WORK PERFORMED

	FROM	TO	
	ADDRESS		
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY	
		FROM TO	
JOB TITLE SUPERVISOR			
REASON FOR LEAVING			

3. EMPLOYER DATES EMPLOYED WORK PERFORMED

	FROM	TO	
	ADDRESS		
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY	
		FROM TO	
JOB TITLE SUPERVISOR			
REASON FOR LEAVING			

4. EMPLOYER

DATES EMPLOYED

WORK PERFORMED

	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	FROM	TO	
JOB TITLE SUPERVISOR			
REASON FOR LEAVING			

5. EMPLOYER

DATES EMPLOYED

WORK PERFORMED

	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	FROM	TO	
JOB TITLE SUPERVISOR			
REASON FOR LEAVING			

Summarize special job-related skills and qualifications acquired from employment or other experiences.

APPLICATANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employer may discharge Employee at any time with or without cause. It is further understood this "at Will" employment relationship may not be changed by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

[] yes [] no

Remarks _____

Employed [] yes [] no

Date of Employment _____

Job Title _____

Salary/Hourly rate _____

Department _____

By _____

Name and Title

Date _____

Notes:

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data Record is optional. If you choose to volunteer the requested information please note that all data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR CORPORATIONS IS VOLUNTARY, INCLUSION OR EXCLUSION FO ANY DATA WILL NOT AFFTECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY #		

<input checked="" type="checkbox"/> COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED		
CURRENT JOB		
CHECK ONE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Check one of the (Ethnic Origin) below:		
<input type="checkbox"/> WHITE	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE
<input type="checkbox"/> BLACK	<input type="checkbox"/> OTHER	<input type="checkbox"/> ASIAN/PACIFIC ISLANDER
CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE		
<input type="checkbox"/> VIETNAM WAR VETERAN	<input type="checkbox"/> DISABLED VETERAN	<input type="checkbox"/> HANDICAP INDIVIDUAL
BIRTHDATE:		