COMPANYOR EMPLOYERNAME:		POSI	TION APPLIED FOR	₹:		
Employmer	nt Applie	cati	TELEP  ON  CIAL SECURITY N  (Optional)	IUMBER		
YOUR NAME:Last			(			
Last ADDRESS:	First	Middle  ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A?  ☐ Yes ☐ No (If yes, verification will be required)				
		IAMSEEK	ING A PERMANE	NTPOSITION [	☐ Yes ☐ No	
	_	IAMSEEK	(ING TEMPORAR)	Y WORK UNTIL (	(DATE)	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITHORWITHOUT ACCOMMODATION?    Yes   No			IF NECESSARY FOR THE JOB I AM ABLE TO:  Work (Which Shifts)?			
			Work Overtime?Provide a valid Alaska Drivers License?			
IF NECESSARY FOR THE JOB, ARE YOU			21 (Please Circ	,		
EDUCATION School Name/ Location High School			Yrs. Completed	Field of Study	Graduate or Degree	
College/University						
Business/Technical						
Other (May include grammar school)						
MILITARY SERVICE Yes	] No Duty/Specializ	zed Training				
REFERENCES: List two personal references who are not relatives or formers Name Address/telephone			supervisors. Occupation Years known			
EMPLOYMENT: List last employment fit to this job are listed here, in the summar					or employers related	
Employer Name and Address	Position Title/Duties Sk	Position Title/Duties Skills			Employed From To	
				Deece	un faul aquina	
	Supervisor's Name		Telephone	reaso	on forLeaving	
Employer Name and Address	Position Title/Duties Sk	iills			Employed From To ////////////////////////////////////	
			T=	Reas	on forLeaving	
	Supervisor's Name		Telephone			

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EMPLOYMENT CONTINUED				
Employer Name and Address	Position Title/Duties Skills	Position Title/Duties Skills		
	Supervisor's Name	Telephone	Reason for Leaving	
Employer Name and Address	d Address Position Title/Duties Skills		Dates Employed From To / / / Salary  Reason for Leaving	
	Supervisor's Name	Telephone		
Types of computers, other electronic	or mechanical equipment that you a	re qualified to operate or r	·	
			Typing Speed:	
Professional Licenses, Certifications of Additional skills including supervision the employer's attention:	n skills, other languages, or inform		er/occupation you wish to bring to	
In case of accident or illness, please contact: Name:		time Phone:		
Address				
Information to the applicant: As parment references may be checked. If you may be discharged from your job ences.	ou have misrepresented or omitted	any facts on this application	on, and are subsequently hired,	
If necessary for employment, you ma have a physical examination and/or a				
I understand and agree to the information	tion shown above:			
Signature			Date	
Equal Employment Opportunity: all employers are required to provide and reporting purposes only. This infemployment.	equal employment opportunity an	d may ask your national	origin, race and sex for planning	
EMPLOYER SECTION:				