



Solutions for the Future

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Employment Application

DO NOT INDICATE "SEE RESUME"

What position(s) are you applying for? _____

Your Name: _____

Last First Middle

Your Address: _____

Phone Number: _____

Application Date: _____ SSN: _____

Are you legally eligible for employment in the U.S.A? Yes__ No__

I am seeking a permanent position. Yes__ No__

I am seeking temporary work until (date) _____

If necessary for the job I am able to:

- Work Shift Work? Yes__ No__
Work Overtime? Yes__ No__
Provide a Valid Drivers License? Yes__ No__
(a driving record will be required if hired)
Do you hold a CDL? Yes__ No__

Are you able to perform the essential functions of the position with or without accommodation? Yes__ No__

If necessary for the job, are you over 14 15 16 18 19 21? (Circle One)

Are you currently employed? Yes__ No__

May we contact your employer? Yes__ No__

If notified that you have been hired, when will you be able to report to work? _____Days

Military Service? Yes__ No__ Duty/Specialized Training _____

Education

High School: _____
Name & Location Years Completed Diploma/GED

College/University: _____
Name & Location

Years Completed Field of Study Degree

Business/Technical: _____
Name & Location

Years Completed Field of Study Degree

Other Education:

Please list any job training that you have received?

Additional skills including supervision, other languages, or information regarding the career/occupation you wish to bring to our attention?

Please list types of computers, office equipment, power tools, and other electronic, electrical or mechanical equipment that you are qualified to operate or repair that would pertain to the position that you are applying for.

Professional Licenses, Certifications or Registrations:

List any other information/skills that you would like us to consider:

Employment History

Please list the following information for your past and current employers, starting with the most recent. (use additional sheets if necessary). *DO NOT INDICATE "SEE RESUME"*

Employer: _____
Phone Number

Employer Address: _____

Job Title: _____

Immediate Supervisor & Title: _____

Reason for Leaving: _____

Dates Employed: _____

Hourly Rate/Salary: _____
From To
Starting Leaving

Summarize the type of work performed and job responsibilities:

Employer: _____
Phone Number

Employer Address: _____

Job Title: _____

Immediate Supervisor & Title: _____

Reason for Leaving: _____

Dates Employed: _____

Hourly Rate/Salary: _____
From To
Starting Leaving

Summarize the type of work performed and job responsibilities:

Employer: _____

Phone Number

Employer Address: _____

Job Title: _____

Immediate Supervisor & Title: _____

Reason for Leaving: _____

Dates Employed: _____

From

To

Hourly Rate/Salary: _____

Starting

Leaving

Summarize the type of work performed and job responsibilities:

Employer: _____

Phone Number

Employer Address: _____

Job Title: _____

Immediate Supervisor & Title: _____

Reason for Leaving: _____

Dates Employed: _____

From

To

Hourly Rate/Salary: _____

Starting

Leaving

Summarize the type of work performed and job responsibilities:

Please list two personal references that are not relatives or former supervisors, include telephone number, occupation and years known.

Affidavits and Authorization for Release of Information

The following questions seek information regarding criminal convictions. For these purposes, the term "conviction" is intended to refer to any conviction, regardless of whether it resulted from a verdict or a plea of guilty or no contest and regardless of whether the conviction was subsequently overturned, set aside or expunged. The term "offense" is intended to encompass any level of offense including felony, misdemeanor and violation. Please note that conviction of a crime is not an automatic bar to eligibility for employment.

Have you ever been convicted of any felony? Yes__ No__
Have you ever been convicted for any offense involving use or abuse of alcohol, illegal drugs or other controlled substance? Yes__ No__
Have you ever been convicted of a violation resulting in personal injury or destruction of property? Yes__ No__

If yes to any of the three questions listed above, please explain:

I authorize the release of any data needed to support this application form from previous or current employers and/or any law enforcement agency by signing this affidavit and checking "yes" on this form. Yes__ No__

Review your Application for Completeness and Accuracy

I hereby certify that the above statements are true and complete to the best of my knowledge and belief. I understand that any misrepresentation or concealment of material facts will be sufficient grounds for rejection of my application or termination of employment obtained via this application. I expressly authorize the release to Nushagak Cooperative of any records or information that may refer or relate to this application for employment, including, but not limited to, records of educational institutions, law enforcement or criminal justice agencies and records from previous employers. I understand that references other than those listed may be contacted. I hereby release and discharge Nushagak Cooperative from any and all claims and liability which I may have claim to relating to information provided to Nushagak Cooperative as part of this application for employment. I agree to the above terms.

Signature of Applicant: _____ **Date:** _____

Please Print Name: _____