



Norton Sound Economic Development Corporation (NSED)

Human Resources Department

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www.nsedc.com

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job related medical condition or handicap or any other legally protected status. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Position Applying For: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? **Yes or No**

Have you ever filed an application with us before? **Yes or No** (If yes, date of application: _____)

Have you ever been employed with us before? **Yes or No** (If yes, dates of employment: _____)

On what date would you be available for work? _____

What type of work are you available for? **Full Time Part time Shift Work Temporary**

Can you travel if a job requires it? **Yes or No** Do you have a valid Drivers License? **Yes or No**

How did you learn about us?

Advertisement Friend Walk-in Employment Agency Relative Other

Have you ever been convicted of a crime, in the last seven years, which has not been annulled or expunged by a court?
Yes or No (If yes, describe each conviction fully)

Are you a Norton Sound Resident? **Yes or No** If "No" Please describe your familiarity with the region:

EDUCATION	NAME AND SCHOOL LOCATION	GRADUATED YES/NO	MAJOR	DIPLOMA/DEGREE
High School				
College/University				
College/University				
Other Training				

EMPLOYMENT EXPERIENCE

List most recent work experience

Employer Name:	
Address:	Job Title:
	Telephone:
Supervisor Name:	Supervisor Title:
Dates Employed: FROM: TO:	Rate of Pay: \$ hourly/annual salary
Worked Performed/Job Description:	
Reason for Leaving:	
May we contact your employer: Yes or No	

Employer Name:	
Address:	Job Title:
	Telephone:
Supervisor Name:	Supervisor Title:
Dates Employed: FROM: TO:	Rate of Pay: \$ hourly/annual salary
Worked Performed/Job Description:	
Reason for Leaving:	
May we contact your employer: Yes or No	

Employer Name:	
Address:	Job Title:
	Telephone:
Supervisor Name:	Supervisor Title:
Dates Employed: FROM: TO:	Rate of Pay: \$ hourly/annual salary
Worked Performed/Job Description:	
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