



Norton Sound Economic Development Corporation (NSED)

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 Anchorage, AK 99503
 (907) 274-2248 or (800) 650-2248

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Fax (907) 274-2249 *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:	
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	

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

REFERENCES

Give name, address and telephone number of three references who are **NOT** related to you and **CAN** confirm your previous work performance.

1.
2.
3.

NOTE: All applications for permanent employment must be accompanied by a letter of interest and a resume. Please indicate that you have attached both documents.

Letter of Interest and Resume

By signing below, I hereby certify that the above information is true 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 active for not more than 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time, or if the application submitted needs to be updated. I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any communication or conduct, except for a written agreement signed by the President. I understand and acknowledge that any misrepresentation of fact or willful perjury on this application or in any subsequent interview is grounds for not being hired, and in the event of employment - if found out subsequent to hire - is grounds for immediate termination with TOTAL loss of any and ALL benefits which the employee might have accrued. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date Signed