

Norton Sound Economic Development Corporation Human Resources Department

2701 Gambell Street, Suite 400 Anchorage, AK 99503

Phone: 907.274.2248 or 800.650.2248 Fax: 907.274.2249

Email: HR@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 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 form upon hire.

Section 1: Perso	nai information				
Position Applying For:		Location:	Date of A	Date of Application:	
Last Name:		First Name: _		Middle Initial:	
Mailing Address:		City:	State:	_ Zip Code:	
Contact Number:		Email Address:			
If you are under 18 y	ears of age, can you provide requi	ired proof of you	ur eligibility to work? OYe	s O No	
Have you ever filed a	n application with us before? \bigcirc	Yes ONo (f Yes, date of application:)	
Have you ever been e	employed with us before? \bigcirc Yes	No (If Yes	, dates of employment:)	
On what date would	you be available for work?				
Can you travel if a jol	requires it? OYes ONo	Do you ha	ve a valid drivers license?	Yes O No	
What type of work a	re you available for? 🔲 Full Time	Part Time	Shift Work Temporary	1	
Are you a Norton Sou	und Resident? OYes ONo	(If 'No", please desc	ribe your familiarity with the regio	n)	
Yes No (If		·			
Advertisement	Website Employment Age	ency L Friend	Relative Walk-in	Other	
Section 2: Educa	tion & Training Information	on			
Education	Name & School Location	Graduated (Yes/No)	Major	Diploma/Degree	
High School					
College/University					
Other Training					

NSEDC Application for Employment

Section 3: Employment History (Please list most recent work experience) Employer Name: _____ Supervisor Name: Address: ______ Supervisor Title: Contact Number: Job Title: Dates Employed: FROM: TO: Supervisory Position? Yes No Rate of Pay: \$ Work Performed/Job Description: Reason For Leaving: May we contact your employer: Yes No Employer Name: ____ Address: Supervisor Name: Supervisor Title: Job Title: Contact Number: TO: _____ Dates Employed: FROM: Supervisory Position? Yes No Rate of Pay: \$ Work Performed/Job Description: May we contact your employer: Yes No Reason For Leaving: Employer Name: Supervisor Name: Address: Supervisor Title: Contact Number: Job Title: то: Dates Employed: FROM: Rate of Pay: \$ Supervisory Position? Yes No Work Performed/Job Description: May we contact your employer: Yes No Reason For Leaving:

NSEDC Application for Employment

Section 3: Employment History – Continued	
Employer Name:	
Address:	
	Supervisor Title:
Job Title:	
Dates Employed: FROM:	
Supervisory Position? Yes No	Rate of Pay: \$
Work Performed/Job Description:	
Reason For Leaving:	May we contact your employer: Yes No
In addition to your work history, please list any experier are applying for:	nces, skills, qualifications or certificates relevant to the position you
Section 4: References	
Provide name, address and contact number of three refous work performance.	ferences who are NOT related to you and can confirm your previ-
1.	
2.	
3.	
NOTE: All applications for permanent emp	loyment must include a letter of interest and a resume.
Please indicate that you have attached be	oth documents:
Section 5: Applicant Signature	
in this application for employment, as may be necessary, in arriving active for not more than 45 days. Any applicant wishing to be consi applications are being accepted at that time or if the application su ployment relationship with this organization is of an "at will" nature discharge employee at any time with or without cause. It is further communication or conduct, except for a written agreement signed or willful perjury on this application or in any subsequent interview	to the best of my knowledge. I authorize investigation of all statements contained g at an employment decision. This application for employment shall be considered idered for employment beyond this time period should inquire as to whether or not ibmitted needs to be updated. I hereby understand and acknowledge that any employment means that the Employee may resign at any time and the Employer may understood that this "at will" employment relationship may not be changed by any by the President. I understand and acknowledge that any misrepresentation of fact is grounds for not being hired, and in the event of employment - if found out subsects of any and ALL benefits which the employee might have accrued. I understand employer.
Annlicant Signature:	Date Signed: