Employment BHAC CARRIERS: Application



Position applying for:

	LIVIF	LOTEE INFONMATION				
Name:						
Last	First	Middle				
Telephone:	Email:	Alternate	Alternate telephone:			
Address:						
☐ 18 ☐ 19 ☐ 21 I am legally eligible for employ ☐ Yes ☐ No	u older than: heck one) rment in the U.S.?	If necessary for the job, I am able to: Work overtime?				
I am seeking a permanent position: Yes No Work the following shifts: (check all that apply) I will be able to report to work Any Day Night Swing Rotating						
days after being not	ified I am hired.	Split Graveyard Other	r:			
	EMF	PLOYMENT HISTORY				
		porary jobs. Be sure all your experience or er sheet of paper if necessary. No more than 10				
Employer name and address:	Position title/duties, s	skills:	Start date:	End date:		
			Reason for I	eaving:		
Pay: \$						
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties, s	skills:	Start date:	End date:		
	•		Reason for I	eaving:		
Pay: \$						
Per:	Supervisor:	Telephone:				
Employer name and address:	Position title/duties, s	skills:	Start date:	End date:		
			Reason for I	leaving:		
Pay: \$						
Per:	Supervisor:	Telephone:	\dashv			
Employer name and address:	Position title/duties, s	•	Start date:	End date:		
			Reason for I	 leaving:		
Pay: \$						
Per:	Supervisor:	Telephone:				

Summarize other employment related to this job:

EDUCATION								
	Institution name	Years completed		of study	Graduate or degree			
High school College/university Business/technical Additional								
MILITARY								
Are you a veteran?								
		SKILLS & QI	JALIFICATION	NS				
Other qualifications such as special skills, abilities or honors that should be considered:								
Types of computers, software, and other equipment you are qualified to operate or repair:								
Professional licenses, certifications or registrations:								
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:								
Typing speed: per minute								
REFERENCES								
List two personal references who are not relatives or former supervisors.								
Name	Address	7	Геlephone	Occupation	Years known			
Name	Address	٦	Telephone	Occupation	Years known			
		CO	NTACT					
In case of accident or illness, please contact: Name: Address: Daytime phone: Relationship:								
							INF	ORMATION :
have misrepresented or c make a written request for If necessary for employm	omitted any facts on this ap or information derived from ent, you may be required	pplication, and a the checking of to: supply your b	re subsequently hi f your references. pirth certificate or	red, you may be discontinuous other proof of author	ences may be checked. If you harged from your job. You may ization to work in the United			

States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.