



## APPLICATION FOR EMPLOYMENT



**PLEASE NOTE:** It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be considered. If you have no information to enter in a section, please write N/A. If you need assistance completing your application, please call the Kuukpik office at (907) 480-6220.

PERSONAL INFORMATION							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code				Email			
Telephone				Alternate Phone			
Are you a Kuukpik shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a Kuukpik Scholarship recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
JOB TYPE							
Position applying for:							
<i>Days/hours available for work</i>							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
I am seeking a: <input type="checkbox"/> Full-time job <input type="checkbox"/> Part-time job <input type="checkbox"/> Seasonal				Date available to begin			
How many hours can you work weekly?		Can you work nights?		Are you willing to work shifts?		Are you willing to travel?	
ADDITIONAL INFORMATION							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			Driver's license number		Issued in what state?		Expiration Date
Have you had any accidents during the past three years?				Have you had any moving violations during the past three years?			

## TRAINING, CERTIFICATES, AND SPECIAL TRAINING

*Please check any that apply:*

<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> 40-hr HazMat	<input type="checkbox"/> NSTC	<input type="checkbox"/> CDL	<input type="checkbox"/> Heavy Equip	<input type="checkbox"/> Quickbook	<input type="checkbox"/> Microsoft Office
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Other: \_\_\_\_\_

## EDUCATION

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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### High school

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If you did not graduate, do you have a GED?  Yes  No

### College or Business / Trade School


## MILITARY

Have you ever served in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date

Specialty \_\_\_\_\_

## WORK EXPERIENCE

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Job title / Position held	

Reason for leaving (be specific) \_\_\_\_\_

List duties performed while employed at this company. \_\_\_\_\_

May we contact this employer?  Yes  No

### WORK EXPERIENCE (continued)

WORK EXPERIENCE (continued)		
Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Job title / Position held	
Reason for leaving (be specific)		
List duties performed while employed at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Job title / Position held	
Reason for leaving (be specific)		
List duties performed while employed at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Job title / Position held	
Reason for leaving (be specific)		
List duties performed while employed at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### WORK EXPERIENCE (continued)

Company	Name of supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Job title / Position held	
Reason for leaving (be specific)		
List duties performed while employed at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### REFERENCES

*Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employees.*

Name	Phone Number	Circumstances of acquaintance
1.		
2.		
3.		
4.		

### APPLICANT'S STATEMENT

I certify that all answers and statements on this application are true and complete 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. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. I hereby acknowledge that any employment relationship with Kuukpik Corporation or its subsidiaries or partners is of an "at will" nature, which means the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by an authorized executive or the Corporation.

Signature	Date
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**FOR EMPLOYMENT OFFICER USE ONLY**

Qualifications meet position requirements <input type="checkbox"/> Yes <input type="checkbox"/>	Interview Time/Date
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Remarks
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Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of employment
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Job Title	Salary/Hourly rate	Supervisor / Department
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Hiring Officer (name and title)	Date
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<input type="checkbox"/> Copy of hiring documents to Accounting	<input type="checkbox"/> Copy of hiring documents to KuukpikWORKS
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Notes
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