



## EMPLOYMENT APPLICATION

SHAREHOLDER

SHAREHOLDER DESCENDANT

SHAREHOLDER SPOUSE

### Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Message: \_\_\_\_\_

Have you ever applied to, or worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

Are you legally eligible for employment in the U.S.A?  Yes  No (If yes, verification will be required)

Do you have a valid driver's license?  Yes  No State/License #: \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic violation (by civilian court of Alaska, the United States, or another state or territory, or by a military court)? If, yes please explain:  
 \_\_\_\_\_

### General Information About Employment Desired

Position you are applying for? \_\_\_\_\_  Full-time  Part-time  Temporary

If part-time, hours per week desired: \_\_\_\_\_ Are you available for work on weekends? \_\_\_\_\_

Are you available to work holidays? \_\_\_\_\_ Days of week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_ Are you available to be on-call? \_\_\_\_\_

Are you available to work evenings and nights? \_\_\_\_\_ Are you available to work overtime? \_\_\_\_\_

If hired, on what date could you start work? \_\_\_\_\_

Are you able to travel on company business? \_\_\_\_\_ % time willing to travel: \_\_\_\_\_

If necessary for the job, are you over: 14 15 16 18 19 21 (Please circle one)

### Education and Training (Include on-the-job training)

<u>School Name/Location</u>	<u>Yrs. Completed</u>	<u>Field of Study</u>	<u>Graduate or Degree</u>
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Military Service  Yes  No Duty/Specialized Training \_\_\_\_\_

Reference: List three professional references.

Name	Address/Phone	Occupation	Years Known

**Employment History:** List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills:	Date Employed:
		/ /      / / From                  To
		Salary: _____
		Reason for Leaving:
Supervisor's Name:	Phone: ( ) _____	

Employer Name and Address	Position Title/Duties Skills:	Date Employed: / /      / / From      To
		Salary: _____
		Reason for Leaving:
Supervisor's Name:      Phone: (    )		
Employer Name and Address		Date Employed: / /      / / From      To
	Salary: _____	
	Reason for Leaving:	
Supervisor's Name:      Phone: (    )		
Employer Name and Address	Date Employed: / /      / / From      To	
	Salary: _____	
	Reason for Leaving:	
Supervisor's Name:      Phone: (    )		

Summarize other relevant experience, skills and background: \_\_\_\_\_

Computer skills & Level of proficiency: \_\_\_\_\_

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: \_\_\_\_\_

In case of emergency, please contact:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone Number :(    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references and criminal history may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references and criminal history.

If necessary for employment, you may be required to provide proof of authorization to work in the US, have a physical examination and/or a drug test, sign a conflict of interest agreement, or a confidentiality agreement and abide by its terms.

Ahtna, Inc. is an "At Will Employer" and employment is terminable at will, either by employee or by Ahtna, Inc.

I understand and agree to the information shown above.

\_\_\_\_\_  
Applicant's Signature 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.



**FOR APPLICANT ONLY – EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

To the extent that we are a U.S. Government contractor, we are required to take affirmative action to ensure equal employment and advancement opportunities for all applicants. Submission of this information is STRICTLY VOLUNTARY; refusal to provide it will not result in any adverse treatment. This information will be kept confidential and will not be used to discriminate against you. In order to comply with state and federal reporting regulations, we request the following information.

**Print Full (Legal) Name:** \_\_\_\_\_  
 I do not wish to self-identify (if you check this box, go to the signature line of this form, sign and date).  
**Male**  **Female**  **Position Applied For:** \_\_\_\_\_

**Select the following categories with which you identify:**

- WHITE:** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK:** (Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, or the Pacific islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain tribal affiliation or community attachment.

Shareholder of Native Corporation/Tribal Affiliation of: \_\_\_\_\_  
(PRINTED NAME OF CORPORATION/TRIBE)

**ARE YOU AN:**  
 Ahtna Shareholder  Ahtna Shareholder Spouse  Ahtna Shareholder Descendent?  
What is the name of the Ahtna Shareholder? (Print name of the Ahtna Shareholder(s)) \_\_\_\_\_

**CHECK ALL THAT APPLIES:** You may be in several categories.

- NOT A VETERAN**
- VETERAN OF THE VIETNAM ERA:** A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
- NEWLY SEPARATED VETERAN:** Any veteran who served on active duty during the one-year period beginning on the date of discharge or release from active duty.
- OTHER PROTECTED VETERAN:** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_