

ALASKA ESKIMO WHALING COMM.

P.O. BOX 570

BARROW, AK 99723-0570

(907) 852-2392

FAX: (907) 852-2303

APPLICATION FOR EMPLOYMENT

(Answer all the questions – Please Print)

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Referral Source Advertisement Friend Relative
 Employment Agency Other _____

Name _____ Social Security No. _____

Address _____
P.O. Box City State Zip Code

Phone Number _____ Message Number _____ Cell Number _____

Are you known to schools/references by another name? If yes _____

Have you filed an application of been employed here before? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

If not, do you possess an Alien Registration Card? Yes _____ No _____

Are you available to work? Full Time _____ Part Time _____ On Shifts _____

Do any of your friends or relatives work here? Yes _____ No _____

If yes, list names _____

Are you? Under 18 _____ 18-70 _____ Over 70 years of age _____

Have you been convicted of a felony or released from prison within the last 7 years? Yes _____ No _____

If yes, describe in full, including date(s) _____

.....
In case of an accident or emergency, please notify:

.....
Name Address Phone Number

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Are you on Lay-Off and Subject to Recall? Yes _____ No _____

What Foreign languages do you Speak, Read, and/or Write fluently?

	GOOD	FAIR	POOR
SPEAK			
READ			
WRITE			

Can you travel if the job requires it? Yes _____ No _____

Have you been bonded? Yes _____ No _____

If yes, for which position(s)? _____

Do you have a Disability, A Handicap, or a Medical Condition that limits your job performance? Yes _____ No _____

If yes, please explain _____

Are you a Veteran? Yes _____ No _____

If yes, what was your Branch of Military Service? _____ Rank _____

List Trade or Professional Organizations of which you are a member, including offices held:

Give Name, Address and Phone Number of Three References Not Related to you:

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EMPLOYMENT EXPERIENCE

List each job held. Start with your present employer or last job. Include military service assignments and volunteer activities.

Employer #1	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer #2	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer #3	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper, or attach a resume.

Summarize Special Skills and Qualifications Acquired From Employment or Other Experiences: _____

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EDUCATION

	Elementary	High	College	Graduate Profession
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4 5 6
Diploma/Degree				
Describe course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities				

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or person from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Alaska Eskimo Whaling Commission.

SIGNATURE OF APPLICANT

DATE