



**Norton Sound Economic Development Corporation (NSED)**

420 L Street, Suite 310

Anchorage, Alaska 99501

Telephone: (907) 274-2248 Fax: (907) 274-2249 Website: www.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 a non job related medical condition or handicap or any other legally protected status.

Position Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(optional)

If you are under 18 years of age, can you provide required proof of your eligibility to work? **Yes or No**

Have you ever filed an application with us before? **Yes or No** (If yes, date of application: \_\_\_\_\_)

Have you ever been employed with us before? **Yes or No** (If yes, dates of employment: \_\_\_\_\_)

On what date would you be available for work? \_\_\_\_\_

What type of work are you available for? **Full Time Part time Shift Work Temporary**

Can you travel if a job requires it? **Yes or No**

How did you learn about us?

**Advertisement Friend Walk-in Employment Agency Relative Other**

Have you ever been convicted of a crime, excluding misdemeanors, in the last seven years which has not been annulled or expunged by a court? **Yes or No** (If yes, describe each conviction fully)

Are you a Norton Sound Resident? **Yes or No** Legal Spouse of Resident **Yes or No**

EDUCATION	NAME AND SCHOOL LOCATION	GRADUATED YES/NO	MAJOR	DIPLOMA/DEGREE
High School				
College/University				
College/University				
Other Training				

## EMPLOYMENT EXPERIENCE

List most recent work experience

Employer Name:	Job Title:
Address:	Telephone:
Supervisor Name:	Supervisor Title:
Dates Employed: FROM:	TO:
Worked Performed/Job Description:	
Reason for Leaving:	
May we contact your employer: Yes or No	

Employer Name:	Job Title:
Address:	Telephone:
Supervisor Name:	Supervisor Title:
Dates Employed: FROM:	TO:
Worked Performed/Job Description:	
Reason for Leaving:	
May we contact your employer: Yes or No	

Employer Name:	Job Title:
Address:	Telephone:
Supervisor Name:	Supervisor Title:
Dates Employed: FROM:	TO:
Worked Performed/Job Description:	
Reason for Leaving:	
May we contact your employer: Yes or No	

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?

---

---

---

**REFERENCES**

Give name, address and telephone number of three references who are **NOT** related to you and are not previous employers.

1.
2.
3.

**VOLUNTARY INFORMATION**

*(YOU ARE NOT REQUIRED TO PROVIDE US WITH THIS INFORMATION.)*

The information requested below is not sought for any discriminatory purpose. Rather, it is sought to assess the company's progress in achieving an integrated pool of applicants, and hence, an integrated workforce.

Current Job: \_\_\_\_\_

Circle one: **Male**                      **Female**

Circle one of the following (Ethnic Origin):

<b>Alaskan Native/American Indian</b>	<b>Hispanic</b>	<b>Black</b>
<b>Asian/Pacific Islander</b>	<b>White</b>	<b>Other</b>

Circle any of the following categories that are applicable:

<b>Vietnam Era</b>	<b>Veteran Disabled</b>	<b>Veteran Handicapped</b>
--------------------	-------------------------	----------------------------

By signing below, I hereby certify that the above information is true 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. This application for employment shall be considered active for not more than 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time, or if the application submitted needs to be updated. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand and acknowledge that any misrepresentation of fact or willful perjury on this application or in any subsequent interview is grounds for not being hired, and in the event of employment - if found out subsequent to hire - is grounds for immediate termination with TOTAL loss of any and ALL benefits which the employee might have accrued. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed