

THREE BEARS ALASKA - EMPLOYMENT APPLICATION

As an equal opportunity employer, Three Bears does not distinguish among individuals in the hiring process on the basis of an individual's race, color, creed, religion, national origin, gender, physical or mental disability, age, or any other status protected by federal, state, or local law.

Position(s) Applied For _____ Date of Application ____/____/____
 If Applying for Liquor store position, are you 21 or older? _____ Do you have a current TAM Card? _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Previous Address _____
STREET CITY STATE ZIP CODE

Telephone: (____) ____-____ Other Phone: (____) ____-____ SSN#: ____-____-____

If you are under 18 can you furnish a work permit?..... Yes No If No, Please explain: _____

Are you legally eligible for employment in this country?..... Yes No

Have you been employed with Three Bears before?..... Yes No If Yes, when? _____

Type of work desired Full Time Part Time Temporary Seasonal Date available for work ____/____/____

Days/Hours available for work (Please fill in times for each day)
 Mon. _____ Tues. _____ Wed. _____ Thu. _____ Fri. _____ Sat. _____ Sun. _____

Employment History

Provide the following information for your past (4) employers, assignments, or volunteer activities, **starting with the most recent. DO NOT PUT SEE RESUME**

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
SUPERVISOR NAME		NATURE OF WORK AND JOB RESPONSIBILITIES	
SUPERVISOR TITLE			
REASON FOR LEAVING		START\$ PER	FINAL\$ PER
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
SUPERVISOR NAME		NATURE OF WORK AND JOB RESPONSIBILITIES	
SUPERVISOR TITLE			
REASON FOR LEAVING		START\$ PER	FINAL\$ PER
FROM	TO	EMPLOYER	TELEPHONE
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JOB TITLE		ADDRESS	
SUPERVISOR NAME		NATURE OF WORK AND JOB RESPONSIBILITIES	
SUPERVISOR TITLE			
REASON FOR LEAVING		START\$ PER	FINAL\$ PER

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

Additional Skills/ Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions, in the position for which you are applying.

Have you been convicted of a crime in the last seven (7) years? _____

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.

Driver's license number if driving is an essential job function _____ State _____

References

NAME	YEARS KNOWN	RELATIONSHIP	TELEPHONE
			()
			()
			()

READ CAREFULLY BEFORE SIGNING

I HEREBY ATTEST THAT THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT WITH THREE BEARS ALASKA, INC. (THE "COMPANY") ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE OR INCOMPLETE STATEMENTS ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISMISSAL. I HEREBY AUTHORIZE THE COMPANY TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE COMPANY AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION. I HEREBY AUTHORIZE MY FORMER EMPLOYERS AND ANY OTHER PERSONS OR ORGANIZATIONS TO PROVIDE ANY INFORMATION THAT MAY BE REQUESTED, AND I RELEASE FROM LIABILITY ALL PERSONS AND ORGANIZATIONS SUPPLYING SUCH INFORMATION.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION AND THAT IF EMPLOYED, MY EMPLOYMENT WILL BE "AT WILL" AND CAN BE TERMINATED BY THE COMPANY OR ME AT ANY TIME WITHOUT CAUSE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND THAT IT IS THE COMPANY'S POLICY TO HIRE ONLY U.S. CITIZENS AND ALIENS WHO ARE AUTHORIZED TO WORK IN THIS COUNTRY. AS A CONDITION TO EMPLOYMENT, I WILL BE REQUIRED TO PRODUCE ORIGINAL DOCUMENTS ESTABLISHING MY IDENTITY AND AUTHORIZATION TO WORK IN THE U.S.

IF EMPLOYMENT IS OFFERED, I UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO A DRUG SCREENING TEST AND THAT I MUST COMPLY WITH THE COMPANY'S DRUG AND ALCOHOL POLICY.

I UNDERSTAND THAT THIS APPLICATION WILL ONLY BE HELD FOR 30 DAYS. IF I HAVE NOT BEEN CONTACTED BY THE COMPANY DURING SUCH TIME, I MUST FILL OUT A NEW APPLICATION IF I WISH TO BE CONSIDERED FOR EMPLOYMENT.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant: _____

Date ___/___/___

