

EMPLOYMENT APPLICATION

As an equal opportunity employer, Three Bears Alaska, Inc. does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability, or national origin.

Position(s) Applied For _____ Date of Application ___/___/___

Name _____

LAST
FIRST
MIDDLE

Address _____

STREET
CITY
STATE
ZIP CODE

Previous Address _____

STREET
CITY
STATE
ZIP CODE

Telephone # () _____ - _____ Mobile/Pager/Other Phone # () _____ - _____ Soc. Sec. Number _____ - _____ - _____

If you are under 18, can you furnish a work permit? Yes No

If "no", please explain _____

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

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

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, e.g., "Mon. 8:30am-5:00pm")

Mon. _____ Tues. _____ Wed. _____ Thu. _____ Fri. _____ Sat. _____ Sun. _____

Employment History

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

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES	
		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES	
		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES	
		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		SUMMARIZE THE NATURE OF WORK AND JOB RESPONSIBILITIES	
		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

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(s) for which you are applying: _____

Educational Background

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

Have you been convicted of a crime in the last seven (7) years? Yes No

If “yes”, please explain on a separate sheet of paper. Criminal conviction is not a bar to employment. All circumstances will be considered.

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

References

NAME	YEARS KNOW	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.

THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. 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 ABUSE 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 ___/___/___

