



Employment Application

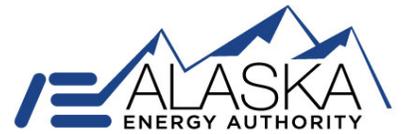


Notice: AIDEA and AEA are Equal Opportunity Employers and do not discriminate on the basis of gender, age, race, color, religion, marital status, changes in marital status, pregnancy, parenthood, national origin, disability or veteran status. Please notify our receptionist if you need accommodation or assistance with any part of our application process. **You may also submit a resume and cover letter in addition to your completed application.**

Personal	Full Name		Last	First	Middle	Date Application Completed	
	Mailing Address		Street	City	State	Zip Code	
	Home Phone	Cell Phone	Message Phone		Emergency Phone		
	Email		How did you learn about this opening?			Are you an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have a legal right to accept employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you related to anyone at AIDEA or AEA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes who?			
Employment	Specific position applying for and number of years/months experience in this work?		Salary Expected?	Date available to start?	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
					How much? hrs. per week		
	Have you ever worked for the State of Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes where/when?			Have you ever been convicted of a felony? Also have you been convicted of a misdemeanor within the last 5 years? (Conviction will not automatically disqualify an applicant for employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes on either explain fully:			
Education	Name of School	Location	Course or Major	Years Completed	Degree/Diploma/Certificate		
	High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
	Graduate Degree				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
	Business or Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:		
	Extracurricular activities and offices held in High School and College						
	Describe any other special training or skills which are related to the kind of position you are applying for						
	Typing Speed	Ten Key Speed	Software you are proficient using:				
U.S. MIL.	Are you a Veteran who served on active duty (not active duty for training) in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did you receive an honorable or general discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Branch of Service?			Rank on Discharge?			
Additional informatio	Do you have a valid Alaska Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			License Number	License Type		
	In brief why are you interested in this particular position?						



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Additional information	In brief what are your skills and training that qualify you for this position?					
	In brief describe what portions of your work experience qualify you for this position?					
Current or most recent employment	Name of present or last employer		Type of Business		Address, City, State, Zip	
	Starting Date Month-Year	Ending Date Month-Year	Starting Pay	Final Pay	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title (Last)		Name of Supervisor	Phone#	Supervisor's Job Title	
	Description of work responsibilities:					
Previous employment	Name of next previous employer		Type of Business		Address, City, State, Zip	
	Starting Date Month-Year	Ending Date Month-Year	Starting Pay	Final Pay	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Job Title (Last)		Name of Supervisor	Phone#	Supervisor's Job Title	
	Description of work responsibilities:					
	Name of next previous employer		Type of Business		Address, City, State, Zip	
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Previous employment	Name of next previous employer		Type of Business		Address, City, State, Zip		
	Starting Date Month-Year	Ending Date Month-Year	Starting Pay	Final Pay	Reason for Leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Job Title (Last)		Name of Supervisor	Phone#	Supervisor's Job Title		
	Description of work responsibilities:						
References	Provide 3 professional references that you have worked for (preferably) or with.						
	Name		Last Name		Contact Numbers	Occupation	Years worked for or with?
Other information							



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JOB APPLICANT'S AGREEMENT AND CERTIFICATION

PLEASE READ CAREFULLY AS THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST READ, AGREE TO, AND SIGN THE FOLLOWING:

I affirm that all the information provided by me in this application is true in all respects, and I agree that if the information provided is found to be false in any way, either by misrepresentation or omission, it shall be sufficient or just cause, if such cause is necessary, for denial of employment or discharge if employed. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, military record, employment record, and criminal record if any. I agree to cooperate in any such background check completed by AIDEA-AEA. (initial here)

I understand that if employed, personnel guidelines and policies which are issued are not conditions or terms of employment and that AIDEA-AEA may revise personnel guidelines and policies, in whole or in part, at any time. If employed I agree to comply with AIDEA-AEA personnel guidelines and policies. (initial here)

I understand that nothing contained in this employment application or in the granting of any interview is intended or will create an employment contract between AIDEA -AEA and myself for either employment or for the providing of any benefit. I further understand that the position I am applying for is exempt from the provisions of the State Personnel Act. (initial here)

If an employment relationship is established, I understand my employment is "At-Will", that I have the right to terminate my employment at any time and that AIDEA -AEA retains the right to terminate my employment at any time, with or without notice, for any reason not prohibited by law.

Signature: _____ Date: _____

AIDEA and AEA comply with Title I of the Americans with Disabilities Act (ADA). Individuals with disabilities who require special accommodation, auxiliary aides or services, or alternative communication formats call or visit our Human Resources Office at 771-3034 or 1-800-770-8973 (TTY) or 813 West Northern Lights Boulevard • Anchorage, Alaska 99503-2407.