ALASKA ENERGY AUTHORITY

Employment Application

Notice: AEA is an Equal Opportunity Employer and does 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.

	Full Name Last First			Middle			liddle		Date Application Completed	
Personal	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? □ Yes □ No		
•	Do you have a legal right to accept employment in the U.S.? □ Yes □ No				Are you related to anyone at AEA? □ Yes □ No If yes who?					
Employment	Specific position applying for and number of years/months experience in this work?		Salary Expected? Da		□ Yes		ou willing to work overtime? s □ No much? hrs. per week			
	Have you ever worked for the State of Alaska? □ Yes □ 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) □ Yes □ No If yes on either explain fully:						
	Name of School L		ocation	(Course or Major	Yea	Years Completed		Degree/Diploma/Certificate	
-	High School/GED								□ Yes □ No Type:	
-	College								□ Yes □ No Type:	
	Graduate Degree								□ Yes □ No Γype:	
Education	Business or Trade School								□ Yes □ No Type:	
. <u>B</u>	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? Yes No				Did you receive an honorable or general discharge? Ves No Rank on Discharge?					
	Branch of Service?									
Additional information	Do you have a valid Alaska Driver's License? □ Yes □ No			License Number				Licen	se Type	
	In brief why are you interested in this particular position?									

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nformation	In brief what are your skills and training that qualify you for this position?										
Additional information	In brief describe what portions of your work experience qualify you for this position?										
	Name of present or last employer		Type of Business		Address, City, State, Zip						
recent	Starting Date Month-Year	Ending Date Month-Year	Starting Pay	Final	Pay	Reason for Leaving:	May we contact? □ Yes □ No				
ent or most re employment	Job Title (Last)	Name of Supervisor Phone#			Supervisor's Job Title	Supervisor's Job Title					
Current or most recent employment	Description of work responsibilities:										
	Name of next previous employer		Type of Business		Address, City	y, State, Zip					
-	Starting Date Month-Year	Ending Date Month-Year	Starting Pay	Final	Pay	Reason for Leaving:	May we contact?				
-	Job Title (Last)		Name of Supervisor Phone		Phone#	Supervisor's Job Title					
ious employment	Description of work responsibilities:										
ns em	Name of next previous employer		Type of Business		Address, City, State, Zip						
Previo	Starting Date Month-Year	Ending Date Month-Year	Starting Pay	Final	Pay	Reason for Leaving:	May we contact? □ Yes □ No				
-	Job Title (Last) Name of Supe		Name of Superviso	l visor Phone#		Supervisor's Job Title					
	Description of work	responsibilities:									



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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	R	leason for Leaving:		May we contact? — Yes — No		
	Job Title (Last)		Name of Supervisor Phone#			Supervisor's Job Title				
Previou	Description of work responsibilities:									
-	Provide 3 professional			Occupation	worked for or with?					
References	Name Le	ast Name		ntact Numl	0013	Occupation	rears	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 AEA. (initial here)

I understand that if employed, personnel guidelines and policies which are issued are not conditions or terms of employment and that AEA may revise personnel guidelines and policies, in whole or in part, at any time. If employed I agree to comply with 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 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 AEA retains the right to terminate my employment at any time, with or without notice, for any reason not prohibited by law.

AEA complies v	with Title I of the	Americans with Di	isabilities Act (AD	A). Individuals v	with disabilities w	ho 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

813 West Northern Lights Boulevard ● Anchorage, Alaska 99503-2407 www.akenergyauthority.org ● **T** 907.771.3000 ● Toll Free (Alaska Only) 888.300-8534 ● **F** 907.771.3044