



AND SUBSIDIARIES

Employment Application & Emergency Contact Information

Applicant Information

Full Name: _____
Last First M.I.

Date of Birth: _____ Social Security Number: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

Email: _____

Emergency Contact: Relationship: Phone:

Position Applied for: _____

Date you can start: _____ Salary Desired: _____

REQUIRED INFORMATION FOR FEDERAL CONTRACTING & EEO REPORTING:

Are you an Eklutna Shareholder? Circle One Y N Are you eligible for Alaska Native Preference Hire? Circle One Y N BIA Card Number: _____

Black or African American Hispanic or Latino Asian
Native Hawaiian or Other Pacific Islander Two or More Races White

Protected Veteran?* Circle One Y N Service Began _____ Service Ended _____
*You are a Protected Vet if you served on active duty in the U.S. Military & were discharged or released from service under conditions other than dishonorable.

How did you hear about this position?

- Newspaper Company Employee Professional Publication
- Job Fair Placement Office Web Site
- Other

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.

General

Subjects of Special Study or Research: _____

Special Training: _____

Special Skills: _____

Most Recent Work History

Name of Present or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date _____

Job Title: _____ May we contact your Supervisor? _____

Supervisor Name: _____ Phone Number: _____

Description of Work Performed: _____

Reason for Leaving: _____

Previous Work History

Name of Previous Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Starting Date: _____ Leaving Date _____

Job Title: _____ May we contact your Supervisor? _____

Supervisor Name: _____ Phone Number: _____

Description of Work Performed: _____

Reason for Leaving: _____

Include Resume As Attachment When Possible

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References

	Name	Address	Business	Years Acquainted
1				
2				
3				

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company of all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____ Signature _____

Office Use Only:

- Hiring Entity: Eklutna, Inc.
 Eklutna Services, LLC.
 Eklutna Construction, LLC.

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