



Employment Application for Eklutna, Inc. and Subsidiaries

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

Email: _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Position Applying for: _____

Date you can start: _____ Salary Desired: _____

How did you hear about this position?

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other | | |

GENERAL

Subjects of Special Study or Research: _____

Special Training: _____

Special Skills: _____

Military Service: _____ Service Began: _____

Rank: _____ Ended: _____

FOR FEDERAL CONTRACTING & EEO REPORTING:

Are you an Eklutna Shareholder? _____	Are you eligible for Alaska Native Preference Hire? _____	Asian _____
Black or African American _____	Hispanic or Latino _____	White _____
Native Hawaiian or Other Pacific Islander _____	Two or More Races _____	

WORK HISTORY

Name of Present or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Wage: _____

Job Title: _____ May we contact your Supervisor? _____

Supervisor Name: _____ Phone Number: _____

Description of Work Performed: _____

Reason for Leaving: _____

Name of Present or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Wage: _____

Job Title: _____ May we contact your Supervisor? _____

Supervisor Name: _____ Phone Number: _____

Description of Work Performed: _____

Reason for Leaving: _____

Name of Present or Last Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____ Wage: _____

Job Title: _____ May we contact your Supervisor? _____

Supervisor Name: _____ Phone Number: _____

Description of Work Performed: _____

Reason for Leaving: _____

Include Resume as Attachment if Possible

Have you been convicted of a felony? If yes please explain (It will not necessarily exclude you from consideration):

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.