

1911 East Rezanof Dr Kodiak, AK 99615 Phone: (907) 481-5000

Fax: (907) 481-5030

## **Employment Application**

APPLICANT INFORMATION											
Last Name	First				M.I.						
Street Address					Apartment/Unit #						
City	State				ZIP						
Phone	E-mail Address										
Date Available	Desired Salary										
Position Applied for											
Were you referred by a current KCHC employee? If so, please list their name here:											
Are you a citizen o	No $\Box$ If no, are you authorized to work in the U.S.? Yes $\Box$ No $\Box$										
Have you ever bee	en convicted of a	a felony? Yes □	No □	If yes,	, exp	olain					
EDUCATION											
High School		Address	Address								
From	То	Did you graduate?	Yes □	No □		Degree					
College		Addres									
From	То	Did you graduate?	Yes □	No □ Degree		Degree					
Other		Address									
From	То	Did you graduate?	Yes □	No □		Degree					
REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES											
Full Name						Relationship					
Company						Phone					
Email Address											
Full Name					Relationship						
Company					Phone						
Email Address											
Full Name						Relationship					
Company					Phone						
Email Address											



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PREVIOUS EMPLOYMENT									
Company	Phone								
Address	Supervisor								
Job Title		Starting Salary			Ending Salary				
Responsibilities									
From	То	Reason for Leaving							
May we contact your previous supervisor for a reference? Yes $\square$ No $\square$									
Company					Phone				
Address	Supervisor								
Job Title			Starting Salary			Ending Salary			
Responsibilities									
From	om To Reason for Leaving								
May we contact your previous supervisor for a reference? Yes $\square$ No $\square$									
Company			Phone	ne					
Address	Supervisor								
Job Title			Starting Salary	Starting Salary		Ending Salary			
Responsibilities									
From	То	Reason for Leaving							
May we contact your previous supervisor for a reference? Yes $\square$ No $\square$									
MILITARY SEI	RVICE								
Branch							То		
Rank at Discharge			Type of Discharge						
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature						Date			