



AN EQUAL OPPORTUNITY EMPLOYER

# EMPLOYMENT APPLICATION

**APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, RELIGION, AGE, SEX, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MARITAL STATUS, OR PHYSICAL HANDICAP.**

**PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last 4 of Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Email Address \_\_\_\_\_

Can you travel if the job requires it?  Yes  No Do you have a valid driver's license in this state?  
 If so, list driver's license number: \_\_\_\_\_

Position(s) applying for \_\_\_\_\_  
Please specify position and number for each position

Expected salary \_\_\_\_\_ Available Date \_\_\_\_\_  
 Full-time  Part-time  Temporary

Days and hours available for work? (Sunday – Saturday) \_\_\_\_\_

Have you ever applied here before?  Yes  No Date \_\_\_\_\_

List any relatives working for Life Alaska, and state relationship: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?  YES  NO (A "YES" ANSWER WILL BE DISCUSSED WITH YOU BY THE INTERVIEWER.)**

## EDUCATION

Name and Location of School	Years Completed				Graduated Month & Year	Major Course Or Subject	Degree
	9	10	11	12			
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other							

Are you studying at the present time? \_\_\_\_\_ What? \_\_\_\_\_ Where? \_\_\_\_\_

Do you plan to further your education? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_



<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	BRANCH OF SERVICE
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	PERIOD OF ACTIVE DUTY (MONTH AND YEAR) FROM _____ TO _____
	RANK AT DISCHARGE
	DATE OF FINAL DISCHARGE

**SPECIAL SKILLS:**

General Office:	Medical:	Accounting:	Computer Experience:	Other:
<input type="checkbox"/> Ten Key – Sight	<input type="checkbox"/> Sterile Technique	<input type="checkbox"/> General Acct.	<input type="checkbox"/> Windows	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Ten Key – Touch	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> A/P	<input type="checkbox"/> MS Word	<input type="checkbox"/> Sales
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Anatomy / Physiology	<input type="checkbox"/> A/R	<input type="checkbox"/> MS Excel	
<input type="checkbox"/> Telephone		<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> MS Access	
		<input type="checkbox"/> Payroll	<input type="checkbox"/> MS PowerPoint	
		<input type="checkbox"/> Auditing	<input type="checkbox"/> MS Publisher	

**Other Experience:**

(Please indicate experience and any specialized training)

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State any additional information you feel may be helpful to us in considering your application.

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How were you referred to our organization?

- Walk In  
 Advertising (Please Identify) \_\_\_\_\_  
 Employee (Please Identify) \_\_\_\_\_  
 Internet  
 Other (Please Identify) \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

If you have any questions regarding this statement, please ask the interviewer before signing.

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief.

**In the event of employment, I understand that false or misleading information and/or concealment or omission of material fact given in my application or interview(s) may result in immediate termination.** I further understand that submission of this application does not imply that I will be interviewed or employed.

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**—APPLICATION MUST BE SIGNED—**