



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 \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

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 BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?**  YES  NO **IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION. (A CONVICTION IS NOT ABSOLUTE GROUNDS FOR DISQUALIFICATION. THE NUMBER, NATURE, RECENCY, AND RELATIONSHIP TO THE JOB APPLIED FOR WILL BE EVALUATED IN REVIEWING THIS APPLICATION. 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? \_\_\_\_\_

# EMPLOYMENT HISTORY

## PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

Starting with present or most recent, list **ALL PREVIOUS EMPLOYERS REGARDLESS OF TYPE OF POSITION OR LENGTH OF TIME ON THE JOB**. If employed by any of the following companies under another name, please indicate in the space provided. If you need more space to complete your employment history, please request a continuation sheet **via email**.

<b>1</b>	MOST RECENT COMPANY NAME				TELEPHONE (    ) -	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM:                      TO:
	NAME OF SUPERVISOR			POSITION YOU HELD		
	DESCRIBE YOUR JOB DUTIES:				RATE OF PAY STARTING                      ENDING	
				REASON FOR LEAVING		
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

<b>2</b>	COMPANY NAME				TELEPHONE (    ) -	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM:                      TO:
	NAME OF SUPERVISOR			POSITION YOU HELD		
	DESCRIBE YOUR JOB DUTIES:				RATE OF PAY STARTING                      ENDING	
				REASON FOR LEAVING		
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

<b>3</b>	COMPANY NAME				TELEPHONE (    ) -	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM                      TO
	NAME OF SUPERVISOR			POSITION YOU HELD		
	DESCRIBE YOUR JOB DUTIES:				RATE OF PAY STARTING                      ENDING	
				REASON FOR LEAVING		
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

<b>4</b>	COMPANY NAME				TELEPHONE (    ) -	
	STREET		CITY	STATE	ZIP	EMPLOYED (MONTH AND YEAR) FROM                      TO
	NAME OF SUPERVISOR			POSITION YOU HELD		
	DESCRIBE YOUR JOB DUTIES:				RATE OF PAY STARTING                      ENDING	
				REASON FOR LEAVING		
				<input type="checkbox"/> VOLUNTARY/RESIGNED OR <input type="checkbox"/> INVOLUNTARY/TERMINATED		
YOUR NAME WHEN YOU WORKED THERE:						

<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—**

**AUTHORIZATION FOR RELEASE  
OF EMPLOYMENT INFORMATION**

I request and authorize my past employers to furnish Life Alaska Donor Services any information requested concerning my prior employment. Copies of the authorization may be used.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

I may have worked using the following name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----FOR COMPANY USE ONLY-----

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT DATES:

FROM	TO	ENDING POSITION	ENDING SALARY	REASON FOR LEAVING				
				EXCELLENT	VERY GOOD	AVERAGE	FAIR	POOR
Quantity of Work	_____	_____	_____	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____	_____	_____	_____

Would you reemploy the applicant?  Yes  No

If "No", please state reason(s):

\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

