Employment company or employer name: **Application**

Position applying for: **EMPLOYEE INFORMATION** Name: First Last Middle Alternate telephone: _____ Telephone: Email: Address: Are you able to perform the essential functions of If necessary for the job, I am able to: the position with or without accommodations? Work overtime? ☐ Yes □ No ☐ Yes ☐ No □ No If necessary for the job are you older than: If so, fill out the following: Issuing state: 16 (Check one) \square 14 $\prod 15$ Type: □ 19 □ 21 Hazardous Material □ 18 Endorsement(s): ☐ Passengers ☐ Tankers I am legally eligible for employment in the U.S.? ☐ Tank with Hazardous Materials ☐ Yes ☐ School Bus ☐ Double/Triple trailers ☐ Yes ☐ No I am seeking a permanent position: Work the following shifts: (check all that apply) ☐ Day ☐ Night ☐ Any Swing I will be able to report to work days after being notified I am hired. ☐ Graveyard ☐ Split **EMPLOYMENT HISTORY** List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended. Position title/duties, skills: Employer name and address: Start date: End date: Reason for leaving: Pay: Per: Supervisor: Telephone: Employer name and address: Position title/duties, skills: Start date: End date: Reason for leaving: Pay: Supervisor: Telephone: Position title/duties, skills: Employer name and address: Start date: | End date: Reason for leaving: Pay: Per: Supervisor: Telephone: Employer name and address: Position title/duties, skills: Start date: End date: Reason for leaving: Pay: Per: Supervisor: Telephone:

Summarize other employment related to this job:

EDUCATION						
	Institution name	Years completed		of study	Graduate or degree	
High school College/university Business/technical Additional						
MILITARY						
Are you a veteran?						
SKILLS & QUALIFICATIONS						
Other qualifications such as special skills, abilities or honors that should be considered:						
Types of computers, software, and other equipment you are qualified to operate or repair:						
Professional licenses, certifications or registrations:						
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:						
Typing speed:	per minute					
REFERENCES						
List two personal references who are not relatives or former supervisors.						
Name	Address	-	Telephone	Occupation	Years known	
Name	Address	-	Telephone	Occupation	Years known	
		CO	NTACT			
In case of accident or illness, please contact: Name:				Daytime phone:		
Address:	ddress: Relationship:					
INFORMATION TO THE APPLICANT						
have misrepresented or c make a written request for	omitted any facts on this ap or information derived from	oplication, and a the checking o	re subsequently h f your references.	ired, you may be disc	ences may be checked. If you harged from your job. You may ization to work in the United	

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.