



# Ahtna Facility Services, Inc.

## Employment Application

240 E Tudor Rd, Ste 100; Anchorage, AK 99503  
 (907) 770-1488; Fax: (907) 771-0580

Personal Information			
Last Name:	First Name:	Middle Name:	Date:
Other Names, Alias(es), Nicknames:			
Mailing Address:	City:	State:	Zip Code:
Home Phone Number:	Business Phone Number:	Cell or Msg Phone Number:	E-Mail Address:
<input type="checkbox"/> Alaska Native Corporation Shareholder, Descendant or Shareholder Spouse		<i>Please specify corporation or tribal affiliation and whether shareholder, descendant or shareholder spouse:</i>	
Are you legally entitled to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		Alien Registration Number, if applicable:	
Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, you will need to provide proof of eligibility to work.)</i>			
List Position(s) for Which You Are Qualified and Interested: Position Title: _____ Requisition #: _____ Desired Wage: _____ Date Available: _____			
Available to Work (select all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summers Only <input type="checkbox"/> Remote Site			
Please indicate any location preference where you prefer to work: Are you willing to relocate? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list any areas where you are not willing to relocate.			
Have you ever worked for Ahtna, Incorporated or any associated Subsidiary company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:			
Company Name:	Position:	Dates Employed:	
Why do you want to return to work for Ahtna Facility Services, Inc, a subsidiary of Ahtna, Incorporated?			
Do you have any remote site work experience? If yes, please list location(s): <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you have any relatives working for any of the Ahtna companies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:			
<i>Use additional sheets if necessary to list all relatives.</i>			
Name of Relative:	Relationship:		
Name of Relative:	Relationship:		
Name of Relative:	Relationship:		
Where did you first hear about the job for which you are applying:			
<input type="checkbox"/> Employee <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Village Posting <input type="checkbox"/> Website <input type="checkbox"/> Monster <input type="checkbox"/> Newspaper <i>(Please specify):</i> _____ <input type="checkbox"/> Online Newspaper <i>(Please specify):</i> _____ <input type="checkbox"/> Agency <i>(Please specify):</i> _____ <input type="checkbox"/> Other <i>(Please specify):</i> _____			

**Education**

**High School**

High School:	Location:	Graduate:	If no graduation, GED:
		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Higher Education**

List information below for all colleges or universities attended.  
***If offered a position, you will be required to provide certified transcripts for degree(s).***

Name and Location of College or University:	Graduate:	Years Completed:	Degree Received / Course of Study
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		

List any vocational, specialized, technical, or apprenticeship training. Include any training and duty while in military service.

Name and Location of School	Dates Attended	Course of Study	Certificate, Diploma

Describe all computer knowledge and skills.

Software:	Level of Expertise: <i>(Beginner, Intermediate, Expert)</i>	Years:	Hardware:	Level of Expertise: <i>(Beginner, Intermediate, Expert)</i>	Years:

List professional licenses, certificates, and/or registrations that would be relevant to the job for which you are applying:

List any professional, trade, or volunteer activities relevant to the job for which you are applying:

List the machinery or equipment, specific to the position, that you are qualified to operate or repair:

Operate:

Repair:

In addition to your work history, what other experience, skills, or qualifications do you have which especially prepare you for the position for which you are applying (i.e. special projects, seminars, club activities, special honors, etc)?  
*Omit any information that discloses your race, religion, color, national origin, age, physical or mental disability, gender, sexual orientation, marital status, changes in marital status, pregnancy, parenthood, or disability.*

**Employment**

**Begin with your most recent job and list your work history for the past Seven Years. Include all paid and unpaid work experience.  
Explain any significant breaks in employment (i.e. 6 months or more). Use additional sheets if necessary.**

Employer:	Dates worked (Month/Year): Start:                      To:	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Address (include City, County, State):	Job Title:	Reason for leaving?	
Name of Supervisor:	Phone Number:	E-mail Address:	
Description of Duties / Responsibilities (may substitute resume for this section):			

Employer:	Dates worked (Month/Year): Start:                      To:	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Address (include City, County, State):	Job Title:	Reason for leaving?	
Name of Supervisor:	Phone Number:	E-mail Address:	
Description of Duties / Responsibilities (may substitute resume for this section):			

Employer:	Dates worked (Month/Year): Start:                      To:	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Address (include City, County, State):	Job Title:	Reason for leaving?	
Name of Supervisor:	Phone Number:	E-mail Address:	
Description of Duties / Responsibilities (may substitute resume for this section):			

Employment			
Employer:	Dates worked (Month/Year): Start:                      To:	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Address (include City, County, State):		Job Title:	Reason for leaving?
Name of Supervisor:	Phone Number:	E-mail Address:	
Description of Duties / Responsibilities (may substitute resume for this section):			

Employer:	Dates worked (Month/Year): Start:                      To:	May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary
Address (include City, County, State):		Job Title:	Reason for leaving?
Name of Supervisor:	Phone Number:	E-mail Address:	
Description of Duties / Responsibilities (may substitute resume for this section):			

Have you ever been fired, discharged, asked to resign, furloughed, put on inactive status for cause, or subjected to disciplinary action while in any position (except military). If yes, state circumstances:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? If yes, explain, giving name and address of employer, approximate date, and reason.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Professional Reference:			
Name:	Company:	Phone Number:	E-mail:

Ahtna Facility Services, Inc does conduct background checks. Information provided regarding your background must be accurate and complete. Missing information could lead to your application being denied AND any future applications for employment will be subject to a minimum six-month waiting period from date of denial. *I understand if I make any material misrepresentation or omit information regarding my criminal history, I may be subject to immediate discharge regardless of when The Company learns of such matters.*

**For confidentiality purposes, this page and the following two pages are removed prior to HR sending your application to the hiring manager.** To help ensure that this document is not misplaced, please enter your name below as it is entered on the first page of the application.

**Applicant Name:** \_\_\_\_\_

Confidential Information Required for Background Check			
Social Security Number:       -       -       -		Date of Birth:	
Do you have a valid driver's license: <input type="checkbox"/> No <input type="checkbox"/> Yes	License Number and State:	Class of Driver's License:	Expiration:
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain when and why:			
<p>Have you ever been convicted of any criminal offense to include misdemeanors AND felonies? You do not need to list minor traffic violations, but you must list traffic violations that resulted in a criminal conviction. (A conviction will not necessarily disqualify an applicant from employment.)</p> <p style="text-align: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If yes, <b>LIST ALL convictions</b> (misdemeanor, felony or other) and include the following: 1) The type of conviction. 2) The year the conviction occurred. 3) The city and state where the incident occurred.</p>			
List all traffic citations received (except parking) within the past three years, including date, place and incident:.			

Military Status			
Branch of Service	Dates Enlisted	Present Military Affiliation:	Type of Discharge:
		<input type="checkbox"/> None <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve	
<p>While in the military, were you ever charged or convicted of an offense that resulted in a trial by deck court or by summary, special or general court martial? If yes, give date, place, law enforcing authority or type of court of court martial, charge and action taken for each incident, using separate sheet to record this information.</p> <p style="text-align: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>			

Except as may otherwise be provided in AFSI' preference policies, AFSI does not discriminate on the basis of race, religion, color, national origin, age, physical or mental disability, gender, sexual orientation, marital status, changes in marital status, pregnancy, parenthood, status as a Vietnam-era or special disabled veteran, or other classifications protected by law.

AFSI conforms with Section 403 of Public Law 93-153 and 43 C.F.R. Part 27. Preference will be given to Ahtna, Incorporated shareholders, shareholder spouses and shareholder descendants in accordance with Title 43 U.S. Code 1626(g) and Title 42 U.S. Code 2003-2(i).

#### **Authorization for Release of Information**

As part of the employment process, AFSI, hereby known as ("the company"), may obtain a consumer report and / or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

During the application process and at any time during any subsequent employment, I hereby authorize Ahtna Contractors, or their agent, to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may include Criminal Records, Credit reports, Driving Records, Past Employment or Education Verifications, Worker's Compensation Claims, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

I release The Company from any liability resulting from such an investigation. I certify that all of the information on my application is true and correct and if I have made any material misrepresentation or omitted information regarding my prior employment, educational, criminal history or other matters, I am subject to immediate discharge, regardless of when The Company learns of such matters. I understand that employment, if offered, will be at the will of The Company and myself and may be terminated for any reason by either party. I also understand that the use of alcohol and illegal drugs is prohibited during employment. I am willing to submit to drug and alcohol testing prior to and during employment.

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Signature of Applicant  
*(Signature may be obtained at the time of interview)*

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Today's Date

# Ahtna Facility Service, Inc

AN EQUAL OPPORTUNITY AND AN AFFIRMATIVE ACTION EMPLOYER

## Voluntary Affirmative Action Data Sheet

We ask that all applicants complete this form, but it is not required to obtain employment. This information is used to comply with Federal, State, and local fair employment practice laws. This information will be maintained separately, in a confidential file, separate from the application form and is not provided to the hiring manager. Except as may otherwise be provided in Ahtna Facility Service, Inc (AFSI) preference policies, AFSI does not discriminate on the basis of race, religion, color, national origin, age, physical or mental disability, gender, sexual orientation, marital status, changes in marital status, pregnancy, parenthood, status as a Vietnam-era or special disabled veteran, or other classifications protected by law. Inquiries concerning the application of the Federal, State, and local regulations may be directed to AFSI Human Resource Department; Address 240 E Tudor Rd, Ste 100, Anchorage, Alaska 99503; telephone number 907-770-1488.

Last Name:	First Name:	Middle Name:	Date:
Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Origin:			
<input type="checkbox"/> Asian	<input type="checkbox"/> Alaska Native		
<input type="checkbox"/> Black or African American	Corporation:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Tribe:		
<input type="checkbox"/> Two or more races (not Hispanic or Latino)	<input type="checkbox"/> White		
Primary / Dominate:			
Other:			
Veteran:			
<input type="checkbox"/> Newly Separated Veteran	<input type="checkbox"/> Special Disabled Veteran		
<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Veteran of Vietnam Era		
Disability (please check one only):			
<input type="checkbox"/> Disabled	<input type="checkbox"/> Not Disabled		

**Definitions:**

- **WHITE:** (Not Hispanic or Latino) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- **BLACK or African American:** (Not Hispanic or Latino) All persons having origins in any of the Black racial groups of Africa.
- **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Island
- **ASIAN:** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **AMERICAN INDIAN or ALASKAN NATIVE:** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- **TWO OR MORE RACES:** (Not Hispanic or Latino) All persons who identify with more than one of the above five races
- **INDIVIDUAL WITH A DISABILITY:** The individual chooses to be identified as an individual with a disability because he/she has a record of, or is regarded as having a physical or mental impairment which substantially limits one or more of his/her major LIFE ACTIVITIES
- **SPECIAL DISABLED VETERAN:** A veteran who was discharged or released from active duty due to a service-connected disability or is entitled to compensation under laws administered by the Department of Veteran's Affairs for disability that is (a) rated at 30% or more, (b) rated at 10% or 20%, if it has been determined that the individual has a serious employment disability
- **VETERAN OF THE VIETNAM ERA:** A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975