



**Great Alaskan Bud Co.**  
1905 Livengood Avenue  
Fairbanks, Alaska 99701  
(907) 460-4383

## Employment Application

Please complete the entire application prior to submission.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Driver's License: (State/Number) \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

If you are offered employment, would you be willing to submit a background check? YES NO Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

**THE EXISTENCE OF A CRIMINAL BACKGROUND RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.**

## References

*Please list three professional references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisors listed above for a reference?    YES    NO

## Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Great Alaskan Bud Company to contact former employers and references to fully and freely communicate information regarding my previous employment.

I understand that unless I am offered a position of employment signed on behalf of the organization by its Executive Director of Operations, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Great Alaskan Bud Company, except in a specific written contract of employment signed on behalf of the organization by its Executive Director of Operations has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Initial to Agree

## Disclaimer and Signature

***I certify that my answers are true and complete to the best of my knowledge.***

***It is the policy of Great Alaskan Bud Company to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_