



Ph: 907.522.3088 • Fax: 907.562.6295

Job Application

Personal Information

Name _____ Date _____ DOB _____

Address _____ City, State, Zip _____

Phone _____ Alternate Phone _____

Email _____ Drivers License # _____

Social Security# _____ Married? Yes No

Person to notify in case of emergency _____

Phone # _____ Relationship to you _____

Recreational interests _____

Education

High School Diploma? Yes No GED? Yes No College? Yes No

DOT health card? Yes No Commercial drivers license? Yes No

List any additional awards, training or certifications. (CPR, safety, hazmat etc.).

Employment

Position applying for _____ Are you currently employed? Yes No

May we contact your employer? Yes No Date available for work _____

Do you have commitments to another employer or anyone else that might effect your employment with us? Yes No If yes, please explain _____

Are you able to work frequent overtime? Yes No Are you able to lift 75 lbs Yes No

Have you been involved in any traffic accidents within the last 3 years? Yes No

Have you ever plead guilty, no contest or been convicted of a crime? Yes No

If so, please explain _____

Disregard the following if your job history is provided by resume.

Employment History

Employer _____ Start date _____ End date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____ Position _____

Wage _____ Reason for leaving? _____

Employer _____ Start date _____ End date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____ Position _____

Wage _____ Reason for leaving? _____

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Address _____ City _____ State _____ Zip _____
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Employer _____ Start date _____ End date _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ Position _____
Wage _____ Reason for leaving? _____

References

List below three people not related to you who have knowledge of your work performance within the last five years.

Name_____ Occupation_____ Company_____

Address_____ Phone_____ Email_____

Relationship_____ Years acquainted_____

Name_____ Occupation_____ Company_____

Address_____ Phone_____ Email_____

Relationship_____ Years acquainted_____

Name_____ Occupation_____ Company_____

Address_____ Phone_____ Email_____

Relationship_____ Years acquainted_____