Employment Application

COMPANY OR EMPLOYER NAME: POWER AND LIGHT INCORPORATED

Position applying for:

EMPLOYEE INFORMATION								
Name:								
Last	First	Middle						
Telephone:	_ Email:	Alternate	e telephone:					
Address:								
Are you able to perform the exthe position with or without accepted by the position with or without accepted by the position with or without accepted by the position of the p	ccommodations?	If necessary for the job, I am able to: Work overtime?						
I am legally eligible for employ	☐ Tank with	Tank with Hazardous Materials						
☐ Yes ☐ No			s 🗌 Double/Tri	ple trailers				
I am seeking a permanent pos	sition: Yes No	Work the following shifts: (check a						
I will be able to report to work days after being notified I am hired. Any Day Night Swing Rotating Graveyard Other:								
	EMP	LOYMENT HISTORY						
		orary jobs. Be sure all your experience or on the heet of paper if necessary. No more than I						
Employer name and address:	Position title/duties, sk	cills:	Start date:	End date:				
	-		Reason for	leaving:				
Pay: \$								
Per:	Supervisor:	Telephone:						
Employer name and address:	Position title/duties, sk	kills:	Start date:	End date:				
			Reason for	leaving:				
Pay: \$	1							
Per:	Supervisor:	Telephone:						
Employer name and address:	Position title/duties, sk	cills:	Start date:	End date:				
	1		Reason for	leaving:				
Pay: \$	-							
Per:	Supervisor:	Telephone:						
Employer name and address:	Position title/duties, sk	cills:	Start date:	End date:				
			Reason for	leaving:				
Pay: \$	-							
Per:	Supervisor:	Telephone:						

Summarize other employment related to this job:

EDUCATION									
	Institution name	Years completed	Field of	f study	Graduate or degree				
High school College/university									
Business/technical									
Additional									
MILITARY									
Are you a veteran? Duty/specialized trainir	Yes ng:	∐ No							
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								
		REFER	RENCES						
List two personal references who are not relatives or former supervisors.									
Name	Address	Te	elephone	Occupation	Years known				
Name	Address	Te	elephone	Occupation	Years known				
CONTACT									
	illness, please contact:		Daytime phone:						
Address: Relationship:									
	INF	ORMATION TO	O THE APPLIC	CANT					
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. 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.									

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.

Signature of Applicant

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Date