



EMPLOYMENT APPLICATION

Position Applied For: _____

PERSONAL INFORMATION

Name: _____
 First Name Middle Initial Last Name

Physical Address: _____
 Street Address City State Zip

Mailing Address: _____
 Mail Address City State Zip

Home Telephone Number: () Mobile or Pager Number: ()

Message Telephone Number: () Email Address: _____

Are you legally eligible for employment in the U.S.A? If yes, you will be required to provide verification. No Yes

I am seeking a permanent position. No Yes

I am seeking temporary work until (date): _____
 Are you able to perform the essential functions of the position with or without accommodation? No Yes

Can you work shifts? If Yes, which shift? _____ No Yes

Can you work overtime? No Yes

Can you provide a valid Alaska Drivers License? No Yes

I will be able to start and/or report to work _____ days after being notified that I am hired.

EDUCATION/TRAINING

	Years Completed	Field of Study	Graduate or Degree Received
High School Name/Location			
College/University Name/Location			
Business/Technical School Name/Location			
Other School Name/Location			

Physical Address:
 620 East Whitney Road
 Anchorage, Alaska 99501

Mailing Address:
 Post Office Box 100003
 Anchorage, Alaska 99510-0003

Telephone: (907) 522-6103
 Facsimile: (907) 522-6153
Web Site: www.bncak.com

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MILITARY SERVICE

Did you serve in the military?

No Yes

Duties/Specialized Training: _____

EMPLOYMENT HISTORY

List last employment reference 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 use last page, if necessary.

Employer Name:

Address: _____
Street Address City State Zip

Supervisor's Name/Title: _____

Your Position Title: _____

Telephone Number: () _____ Facsimile Number: () _____

Starting Wage: \$ _____ Ending Wage: \$ _____

Start Date: _____ End Date: _____

Your Position & Responsibilities: _____

Reason for Leaving: _____

Employer Name:

Address: _____
Street Address City State Zip

Supervisor's Name/Title: _____

Your Position Title: _____

Telephone Number: () _____ Facsimile Number: () _____

Starting Wage: \$ _____ Ending Wage: \$ _____

Start Date: _____ End Date: _____

Your Position & Responsibilities: _____

Reason for Leaving: _____

EMPLOYMENT APPLICATION

(continued)

Employer Name: _____

Address: _____

Street Address

City

State

Zip

Supervisor's Name/Title: _____

Your Position Title: _____

Telephone Number: () _____ Facsimile Number: () _____

Starting Wage: \$ _____ Ending Wage: \$ _____

Start Date: _____ End Date: _____

Your Position & Responsibilities: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____

Street Address

City

State

Zip

Supervisor's Name/Title: _____

Your Position Title: _____

Telephone Number: () _____ Facsimile Number: () _____

Starting Wage: \$ _____ Ending Wage: \$ _____

Start Date: _____ End Date: _____

Your Position & Responsibilities: _____

Reason for Leaving: _____

OTHER SKILLS

Summarize other employment experience related to the job you are applying for: _____

Types of computers, software, and other electronic or mechanical equipment that you are qualified to operate or repair:

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Typing Speed: _____ wpm 10-Key Speed: _____ spm

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention:

CERTIFICATIONS

Certification Type: _____
Card or Certification No.: # _____ Expiration Date: _____

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ATTACH COPIES OF CERTIFICATIONS LISTED ABOVE TO THE BACK OF THIS EMPLOYMENT APPLICATION.

EMPLOYMENT APPLICATION

(continued)

EXTRA SPACE