COMPANY OR EMPLOYER NAME:		POSITIO	N APPLIED FO	OR:		
Cross laves			APPL	ICANT TELEPHONE	E:	
<b>Employm</b>	ent Appli	cation	SOCIAL	SECURITY NUMBER	R:	
YOUR NAME:		Cinat		M: al al l	_	
Last ADDRESS:		Yes	No G A PERMANI	Middle SLE FOR EMPLOYME (If yes, verification with ENT POSITION: JOB I AM ABLE TO:	ENT IN THE U.S.A.?	
Are you able to perform the essential functions of the position with or without accommodations?  Yes No		Work (which shifts)?  Work overtime?  Provide a valid Alaska Drivers License?				
IF NECESSARY FOR THE JOB, A				18 19 21_	_	
EDUCATION: High School			Yrs. Completed	Field of Study	Graduate or Degree	
College/University						
Business/Technical						
Other (May include grammar school)						
Duty/Specialized Training:  REFERENCES: List two personal r	Yes No	r former supervisors.				
Name	Address	Tele	ohone	Occupation	Years known	
Name	Address	Tele	ohone	Occupation	Years known	
	oyment first. Include summer or te listed here, in the summary (follo					
Employer Name and Address	Position Title/Duties	s Skills			Dates Employed from to  Reason for leaving	
	Supervisor's Name:		Telepho	one:		
Employer Name and Address	Position Title/Duties	s Skills			Dates Employed from to	
					Reason for leaving	
	Supervisor's Name:		Telepho	one:	1	

EMPLOYMENT CONTINUED					
Employer Name and Address	Position Title/Duties Skills		Dates Employed from to		
	_		Reason for leaving		
	Supervisor's Name:	Telephone:			
Employer Name and Address	Position Title/Duties Skills		Dates Employed from to		
			Reason for leaving		
	Supervisor's Name:	Telephone:			
Summarize other employment related to this job:					
Types of computers, other electronic or m equipment that you are qualified to operate Typing speed: per minute.					
per minute.					
Professional Licenses, Certifications or R	egistrations:				
Additional skills including supervision skill regarding the career/occupation you wish					
In case of accident or illness please conta	ct: Name:	D	aytime phone:		
Address:			Relationship:		
references may be checked. If you have n	our procedure for processing your employme nisrepresented or omitted any facts on this ap ny make a written request for information deriv	plication, and are subsequently his	red, you		
	required to: supply your birth certificate or oth g test, or to sign a conflict of interest agreeme		n the US,		
I understand and agree to the information	shown above:				
Signature:		Date:			
employers are required to provide equal e	e many employers are required by federal law mployment opportunity and may ask your nati is optional and failure to provide it will have no	onal origin, race and sex for plann	ing and		
Employer Section:					