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**PLEASE PRINT ALL
 INFORMATION REQUESTED
 APPLICATION FOR EMPLOYMENT**

Must be able to pass a drug test prior to employment.

DATE _____
 Name _____
 Present address _____
 Social Security No _____ - _____ - _____
 Telephone (____) _____.
 Date of birth _____
 Position applied for _____
 Salary desired _____
 Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME
 ___ WILLING TO WORK OVERTIME ON AN AS NEEDED BASIS
 How many hours can you work weekly? _____
 When are you available for work? _____
 Number of years of school completed: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

DO YOU HAVE A VALID DRIVER'S LICENSE? ___ Yes ___ No
 What is your means of transportation to work? _____
 Driver's license# _____ State of issue _____
 Operator ___ Commercial (CDL) ___ Chauffeur ___
 Expiration date _____
 Have you had any accidents during the past three years?
 How many? _____ Which State(s)? _____
 Have you had any moving violations during the past three years?
 How Many? _____ Which State(s)? _____

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No
 Specialty _____
 Date Entered _____ Discharge Date _____

Are you currently on a Workers Comp. Claim? Yes No
 If yes, are you physically capable of manual labor? (lifting 25+lbs) Yes No
 If yes, has your doctor released you for work? Yes No

Work Experience:

May we contact your present employer? Yes No

(1) Name of employer:
Address:
Employment dates:
Pay or salary:
Phone number:
Your last job title:
Reason for leaving:
Job Description:
(2) Name of employer:
Address:
Employment dates:
Pay or salary:
Phone number:
Your last job title:
Reason for leaving:
Job Description:

Please list two references other than relatives or previous employers.

(1) Name
Position
Company
Address
Telephone
(2) Name
Position
Company
Address
Telephone

Are you legally authorized to work in the United States? Yes No

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature _____ Date _____

Print name _____