



Alaska Cycle Center Ltd.

Est. 1955



Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

Position Applied For: _____

I. Personal Information

Name: Last First Middle

Present Address _____

Permanent Address (if different than above) _____

_____-_____-_____
Social Security Number Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

Do you have any relatives who are presently (or have formerly been) employed by Alaska Cycle Center, Ltd.?

How were you referred to Alaska Cycle Center, Ltd.? _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

II. Education

	School Name/Location	Years completed	Degree/Diploma
High School			
College			
Tech. Training			
Other			

III. Employment Record *Please include all employment for the last five years.*

 Company Name

 Address

 Manager/Supervisor

 Reason for leaving

 Position Held

 Dates Employed: _____
 From To

 Telephone Wage/Salary

 Company Name

 Address

 Manager/Supervisor

 Reason for leaving

 Position Held

 Dates Employed: _____
 From To

 Telephone Wage/Salary

 Company Name

 Address

 Manager/Supervisor

 Reason for leaving

 Position Held

 Dates Employed: _____
 From To

 Telephone Wage/Salary

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

 (Employer's Name)

 Reason

 (Employer's Name)

 Reason

IV. References *Please do not include relatives or former employers.*

_____ Name	_____ Years known
_____ Address	_____ Telephone
_____ Occupation	
_____ Name	_____ Years known
_____ Address	_____ Telephone
_____ Occupation	
_____ Name	_____ Years known
_____ Address	_____ Telephone
_____ Occupation	

V. Work Availability

If your application receives favorable consideration, when will you be available to begin work?

- | | | |
|--|------------------------------|-----------------------------|
| Do you have any objection to working overtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work overtime without prior notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work on Saturday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work on Sunday? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? _____

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct. If employed I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company. I hereby apply for employment upon the basis and understanding that such employment is at will.

_____ Signature	_____ Date
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