



## APPLICATION FOR EMPLOYMENT

Last Name	First Name	M.I.	Social Security No.
Mailing Address	City,	State,	ZIP Code
Home Phone No.		Work Phone No.	
E-Mail Address:			
Position for which you are applying:			
How did you learn of this position?			

1. Are you currently employed?  Yes  No  
 May we contact your present employer?  Yes  No
2. If required for position, do you have a current and valid driver's license?  Yes  No  
 If yes, what state: \_\_\_\_\_ and license number: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 Has your driver's license been suspended or revoked in the last five years?  Yes  No
3. Are you legally eligible for employment in the United States?  Yes  No  
 (Proof of citizenship or immigration status will be required upon employment.)
4. Shareholders and descendants of The Aleut Corporation (TAC) are strongly encouraged to apply. Are you a TAC shareholder or descendant?  Yes  No

### EDUCATION

High School Name: \_\_\_\_\_  
 & Address: \_\_\_\_\_

	School Name	Address (City & State)	Course of Study /Degree	Year Completed
College/University				
College/University				
Other Training/Education				



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### EMPLOYMENT HISTORY

*Start with your present or last job. May attach resume if all requested information is provided therein.*

Employer	Title or Position		
Address	Phone Number		
Supervisor	Start Date	End	Ending Salary
Reason for leaving			
Duties			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Title or Position		
Address	Phone Number		
Supervisor	Start Date	End	Ending Salary
Reason for leaving			
Duties			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Title or Position		
Address	Phone Number		
Supervisor	Start Date	End	Ending Salary
Reason for leaving			
Duties			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Title or Position		
Address	Phone Number		
Supervisor	Start Date	End	Ending Salary
Reason for leaving			
Duties			
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### REFERENCES

Please provide us with three (3) professional references.

1. Name	Address	Phone No.
Title	Company	
2. Name	Address	Phone No.
Title	Company	
3. Name	Address	Phone No.
Title	Company	



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### How To Apply:

Position open until filled. To receive priority consideration, please submit a letter of interest, resume, and application immediately to [kmorris@thealeutfoundation.org](mailto:kmorris@thealeutfoundation.org).

#### The Aleut Foundation

4000 Old Seward Highway, Suite 202  
Anchorage, Alaska 99503

Phone 907.646.1929

Fax 907.646.1949

Email : [kmorris@thealeutfoundation.org](mailto:kmorris@thealeutfoundation.org)

Website : [www.thealeutfoundation.org](http://www.thealeutfoundation.org)

### Acknowledge and Authorization(s):

I acknowledge that employment at The Aleut Foundation is at will, which means that either I or The Aleut Foundation can terminate the employment relationship at any time, with or without prior notice.

I certify that the facts set forth in this above application are true and compete the best of my ability. I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that if employed, misleading and falsified information on this application shall be considered cause for dismissal. The Aleut Foundation is hereby authorized to make an investigation of my personal employment and education history.

I hereby authorize The Aleut Foundation to contact the persons listed as my references, and I understand that the Foundation may contact others and at any seek verification of any and information contained here.

I release the Aleut Foundation from liability that may arise as result of others providing such information.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***I have read and understand the above notice.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_