COMPANY OR EMPLOYER NAME:		POSITIO	N APPLIED F	OR:	
Constantin	. Amalia	4:	APPL	ICANT TELEPHONE	E
Employment	t Applica	ition	SOCIAL	SECURITY NUMBER	R:
YOUR NAME:					
Last ADDRESS:	First	ARE YOU LE Yes I AM SEEKIN	No G A PERMAN	Middlo BLE FOR EMPLOYM (If yes, verification will 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?		Work (which shifts)? Select:			
		Work overtime? Select:			
∐ Yes ☐ I	No	Provide	a valid Alaska	Drivers License?	Select:
IF NECESSARY FOR THE JOB, ARE YOU I WILL BE ABLE TO REPORT TO WORK				. 18 19 21_	_
EDUCATION:			Yrs. Completed	Field of Study	Graduate or Degree
High School					
College/University					
Business/Technical					
Other (May include grammar school)					
Duty/Specialized Training: REFERENCES: List two personal references	s who are not relatives or forme	er supervisors.			
Name	Address	Tele	ohone	Occupation	Years known
Name	Address	Tele	ohone	Occupation	Years known
EMPLOYMENT: List last employment firm to this job are listed her	st. Include summer or tempora e, in the summary (following th	ry jobs. Be sure nis section), or u	e all your experi use an extra sh	ence or employers releet of paper if necess	ated ary.
Employer Name and Address	Position Title/Duties Skills				Dates Employed from to Reason for leaving
	Supervisor's Name:	Supervisor's Name: Telephone:			
	PO 000 00000 000 00 00000				150 SSS SK RSS
Employer Name and Address	Position Title/Duties Skills				Dates Employed from to
					Reason for leaving
	Supervisor's Name:		Telepho	one:	