



Mailing Address:  
 PO Box 470 Klawock, Alaska 99925  
 Ph (907) 530-4800  
 Fax (907) 530-4801  
**Located at Clark Bay Terminal, Hollis AK**

## Application for Employment - All positions

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Dept.

Position (s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 LAST FIRST MIDDLE

Address \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

Telephone# ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you 18 years or older?..... Yes No

Have you ever been employed here before? If yes, give dates and positions \_\_\_\_\_ Yes No

Are you legally eligible for employment in this country?.....Yes No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you able to meet the attendance requirements of the position?.....Yes No

Do you have a valid TWIC card?.....Yes No If no, can you obtain one?.....Yes No

Have you ever been convicted of a felony or misdemeanor with the last five years?.....Yes No

If yes, please provide date(s) and details \_\_\_\_\_

Have you ever been convicted of or plead no contest to DUI , DWI or reckless driving in the last 5 years?.....Yes No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS THE DATE OF THE OFFENCE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Drivers Licence number (if driving is an essential job function) \_\_\_\_\_ State \_\_\_\_\_

### EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE YES NO LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	
FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE YES NO LATER			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER	

**Employment History continued...****INTER-ISLAND FERRY AUTHORITY**

FROM	TO	EMPLOYER		TELEPHONE #
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS		
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE YES      NO      LATER				
REASON FOR LEAVING		HOURLY RATE/SALARY START \$                      PER                      FINAL \$                      PER		

**For Licensed Personnel Only**

Please list any maritime licenses, documents or certificates which are currently valid:

Type of License, document, certificate	Issuing Agency	Certificate Number	Expiration Date

Have you ever had a maritime license, document or certidatge suspended or revoked? If so, please list below:

Type of License, document, certificate	Date of Suspension/Revocation	Length of suspension/revocation	Reason

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

NAME AND LOCATION	NUMBER OF YRS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE	MAJOR                      DEGREE		
OTHER			

**REFERENCES**

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

**APPLICATION STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law.

I authorize investigation of all statements contained herein from past employers and all references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that might result from furnishing same to you.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_