



Mailing Address:
 PO Box 495 Craig, Alaska 99921
 Ph (907) 826-4848
 Fax (907) 826-4849

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 _____ / _____ / _____