



APPLICATION FOR EMPLOYMENT

HR use only:
 Date Received: _____
 Date Entered: _____

Submit completed application to one of the following locations:

Career Center – ANCHORAGE
 4041 B Street
 Anchorage, AK 99524-0329
 Fax (907)273-2475

Human Resources - ANCHORAGE
 700 G Street, 5th Floor
 Anchorage, AK 99501
 Fax (907)273-3913

NANA/Colt Engineering is an Equal Opportunity Employer

Last Name	First Name	Middle Initial	Date of Application
Mailing Address			Day Phone Number (home, work or cell)
City	State	Zip Code	Evening Phone Number (home, work or cell)
Email Address:	Social Security Number:	Other names which you have worked under:	

Position Applying for	Job Number	Years of experience in this type of work				
Minimum Acceptable Salary \$ _____ per		Date available to start work				
Can you perform all of the essential functions of the position, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If required, can you provide legal documentation of your eligibility to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What location will you accept work: <input type="checkbox"/> Kotzebue <input type="checkbox"/> Anchorage <input type="checkbox"/> North Slope <input type="checkbox"/> Red Dog <input type="checkbox"/> Fairbanks <input type="checkbox"/> Other: _____						
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Available to start work: _____ Minimum acceptable Salary: _____						
What schedule are you available to work:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:						
To:						

EDUCATION & TRAINING				
Indicate Diploma Received: <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. (General Equivalency Diploma)				
Name & Address of High School: _____				
Name & Address of Post Secondary School(s)	Dates Attended		Subject	Degree/Certificate
	From:	To:		
COLLEGE, UNIVERSITY OR OTHER TRAINING/EDUCATION				
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COLLEGE, UNIVERSITY OR OTHER TRAINING/EDUCATION				
Do you have any other job-related skills, special qualifications, professional licenses, or professional training required for the position?				
Do you type? <input type="checkbox"/> NO <input type="checkbox"/> YES Words per minute _____ 10-key by touch? <input type="checkbox"/> NO <input type="checkbox"/> YES KSPM: _____				
State computer applications you have worked with: _____ Skill Level: <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance				
Do you have experience using Oracle applications? <input type="checkbox"/> YES <input type="checkbox"/> NO Skill Level: <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance				
If required for the job, do you have a valid Alaska driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes				

SHAREHOLDER STATUS (utilized to determine Shareholder preference in hiring only)		
Are you a registered shareholder of an Alaska Regional Corporation? (set up under the 1971 Alaska Native Claims Settlement Act)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which corporation:
Are you a spouse of a shareholder?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, name of spouse:
Are you a descendant of a shareholder?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:

EMPLOYMENT HISTORY – Begin with your current job and list the **past ten years**

Please attach resume if available. **This section must be completed – do not list “see resume” except for job duties.**

1	MOST RECENT or CURRENT EMPLOYER’S NAME	TELEPHONE
ADDRESS		EMPLOYED (Month & Year) FROM TO
LAST JOB TITLE		RATE OF PAY: STARTING ENDING
DESCRIBE YOUR JOB DUTIES:		
REASON FOR LEAVING		SUPERVISOR’S NAME:
2	EMPLOYER’S NAME	TELEPHONE NUMBER
ADDRESS		EMPLOYED (Month & Year) FROM TO
LAST JOB TITLE		RATE OF PAY: STARTING ENDING
DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING		SUPERVISOR’S NAME:
3	EMPLOYER’S NAME	TELEPHONE NUMBER
STREET	CITY STATE ZIP	EMPLOYED (Month & Year) FROM TO
LAST JOB TITLE		RATE OF PAY: STARTING ENDING
DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING		SUPERVISOR’S NAME:
4	EMPLOYER’S NAME	TELEPHONE NUMBER
ADDRESS		EMPLOYED (Month & Year) FROM TO
LAST JOB TITLE		RATE OF PAY: STARTING ENDING
DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING		SUPERVISOR’S NAME:

If additional space is needed to list all employers, use a separate sheet of paper and attach to this application.

PROFESSIONAL REFERENCES NAME	OCCUPATION	YEARS KNOWN	DAY TIME PHONE NUMBER

Reference checks may include verifying employment with your current employer unless you indicate otherwise:

No, do not contact my current employer: Reason:

EMPLOYMENT – Have you ever been fired, dismissed, forced to resign, or resigned in lieu of termination of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:			
Have you ever been employed by any NANA organization, subsidiary, or joint venture? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, in what position?	When?	Reason for Leaving:	Where?
Supervisor's Name, Title and Phone Number:			

CRIMINAL HISTORY: A conviction is not an automatic bar from employment with NANA/Colt. All units require a criminal history background check. Failure to complete this section may result in your application being rejected. Omission of any information may result in your application being rejected or may be grounds for termination if hired.		
Have you ever plead no contest or have been convicted of a Felony ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever plead no contest or been convicted of a Misdemeanor ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever plead no contest or been convicted of a Traffic Violation ? (Required for positions that require a driver's license).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "yes" to any of the above questions please PROVIDE DETAILED INFORMATION about the conviction(s) on a separate sheet of paper, including: <u>DATE, LOCATION, NATURE OF OFFENSE & DISPOSITION.</u> New Hires may also be required to furnish fingerprints for a more extensive criminal history check.		

ACKNOWLEDGMENT

The information that I have provided is accurate to the best of my knowledge and subject to validation by NANA/Colt. I understand and agree that any misrepresentation, false statement or omission of a fact in my application may be justification for not being hired or, if hired, may subject me to discipline, up to and including termination of employment. Further, I acknowledge, if hired, that throughout the course of my employment, I must immediately inform NANA/Colt in the event I am convicted of a crime other than a minor traffic violation.

I understand and agree that if NANA/Colt hires me, I will be employed by NANA/Colt, and will not be an employee of any client of NANA/Colt. I agree to accept and comply with the rules and working conditions established by NANA/Colt as well as any worksite rules of any NANA/Colt client while on the client's premises or any premises that may be my worksite.

I understand and agree that if NANA/Colt hires me, my employment relationship with NANA/Colt is at will. This means that NANA/Colt has the right to end my employment with NANA/Colt at any time, for any reasons with or without notice or cause. I understand and agree NANA/Colt cannot and does not guarantee its employees that any assignment or employment will last for any fixed duration.

I understand that an offer of employment and my continued employment with NANA/Colt are contingent upon satisfactory proof of my authorization to work in the United States. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between me and NANA/Colt for either employment or for the providing of any benefit. I also understand that if hired, I will be required to take and pass a drug test as a condition of being hired with NANA/Colt and may be retested when transferred to a NANA/Colt location or position or at other times as set forth in NANA/Colt drug testing program.

I understand that if hired, assignments and work schedule are subject to change in order to meet company needs. Such changes are at the discretion of NANA/Colt management.

If employed by NANA/Colt, I will comply with all rules, regulations, and policies set forth in NANA/Colt's policy statements which include, without limitation, my satisfactory completion of a pre-placement physical assessment and my submission to and passing of a drug and/or alcohol test. In addition, if hired, employment will be contingent upon receiving a background check that is satisfactory to NANA/Colt.

SIGNATURE _____

DATE _____

PRINT NAME _____

**FAIR CREDIT REPORTING ACT DISCLOSURE
AND
CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT**

Disclosure That NANA/Colt Engineering, LLC May Procure A Consumer Report

A consumer report may be obtained on you for employment purposes with NANA/Colt Engineering. This report may include, but is not limited to, information about your creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on your credit standing, credit capacity. An investigative consumer report may also be obtained. This investigative consumer report may include information as to your character, general reputation, personal characteristics, trustworthiness and mode of living. You have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

Authorization To Procurement of Consumer Report

I understand that, as a condition of my consideration for employment with NANA/Colt, or as a condition of my continued employment with NANA/Colt, NANA/Colt may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to NANA/Colt's procurement of such a report through a Credit Reporting Agency. I understand that, pursuant to the federal Fair Credit Reporting Act, NANA/Colt will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with NANA/Colt. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

SIGNATURE _____

DATE _____

PRINT NAME _____

AUTHORIZATION TO RELEASE INFORMATION

Position applied for		
Last Name	First Name	Middle Name
Other name(s) utilized in your past working career		Maiden name
Date of Birth		Social Security Number

I understand that NANA has a wide range of business including providing services to a variety of clients. I further understand that many positions require that Employees hired by NANA undergo one or more background investigations, including, but not limited to checking references, checking criminal convictions, checking motor vehicle records, and being fingerprinted.

During the application process and at any time during any subsequent employment, I understand and agree that NANA/Colt may request information from various federal, state and other agencies, including public and private sources which may maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background as well as other past experiences.

I authorize the release of this information without restriction to NANA/Colt, any Consumer Reporting Agency, their respective officers, agents or employees and to any client of NANA/Colt to which I may be assigned. I further authorize NANA/Colt to share the results of such investigation with the requesting client. I release NANA/Colt, NANA/Colt's client, the consumer reporting agency and all of their respective agents, employee officers, shareholders from any liability and responsibility for collecting, reviewing, disseminating and/or making decisions based on information obtained.

I have read and understand the above. I acknowledge that a fax or copy of this release shall be as valid as the original. This release is valid for all private persons and entities, and federal, state, county and local agencies and authority.

SIGNATURE _____

DATE _____

PRINT NAME _____

HUMAN RESOURCE USE ONLY	
UNIT	LOCATION
BILLING INSTRUCTIONS GL Code:	HR REPRESENTATIVE

Voluntary Equal Employment Opportunity Survey

First Name	Middle Initial	Last Name
Date of Birth	Social Security Number	Position Applying for

NANA/Colt would appreciate you completing this form for data collection, auditing, and reporting. This is a voluntary confidential information form; you do not have to complete this **page** to be considered for employment. Federal, state and local laws prohibit the use of this information for any purpose other than data collection. This form is **NOT** part of your application for employment and will not be forwarded to the hiring supervisor. Please complete the following:

ETHNIC ORGIN	Female	Male
Alaskan Native Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. Alaska Native may include, for example: any person of Yup'ik, Inupiaq, Aleut, Athabascan, Tlingit, Haida or Tsimshian origin.	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander Any persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Philippine Islands and Samoa.	<input type="checkbox"/>	<input type="checkbox"/>
African-American/Black Not of Hispanic origin; any person having origins in any of the Black racial groups of Africa.	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.	<input type="checkbox"/>	<input type="checkbox"/>
White Not Hispanic origin; any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/>	<input type="checkbox"/>

VETERAN STATUS				
<input type="checkbox"/> I am <u>not</u> a Veteran				
<input type="checkbox"/> I am a Veteran classified as: (select only one category) <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Special Disabled Veteran</td> <td><input type="checkbox"/> Veteran of the Vietnam-era</td> </tr> <tr> <td><input type="checkbox"/> Newly Separated Veteran</td> <td><input type="checkbox"/> Other Protected Veteran</td> </tr> </table>	<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Veteran of the Vietnam-era	<input type="checkbox"/> Newly Separated Veteran	<input type="checkbox"/> Other Protected Veteran
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<input type="checkbox"/> Newly Separated Veteran	<input type="checkbox"/> Other Protected Veteran			

<input type="checkbox"/> I have read this form and choose not to voluntarily submit this information.

SIGNATURE: _____

DATE: _____