

APPLICATION FOR EMPLOYMENT

KODIAK ELECTRIC ASSOCIATION, INC.

P.O. Box 787

Kodiak, Alaska 99615

Human Resource Administrator

voice: (907) 486-7709 * fax: (907) 486-7767 * e-mail: nbsweeney@kodiak.coop

Kodiak Electric Association, Inc. considers applicants for all positions without regard to race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, or for any other legally protected status. Applicants are invited to request any necessary accommodations during the application, testing, or interview process.

PLEASE PRINT OR TYPE CLEARLY, AND COMPLETE THE ENTIRE APPLICATION.

PLEASE DO NOT USE "SEE RESUME". INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PERSONAL		
Position Applying For	Date	
Last Name	First Name	Middle Name
Social Security Number		
Mailing Address P.O. Box or House Number and Street		City/State/Zip
Home Phone Number	Business/Message Phone Number	
E-mail Address		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>		
Are you related, directly or through marriage, however remotely, to any present KEA employees or to any member of KEA's Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom are you related and how?		
Have you ever been employed by KEA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide job title and dates of employment.		
On what date would you be available for work?		
All KEA employees must have a valid driver's license and a driving record acceptable and insurable by KEA's insurance carrier at standard group rates. CDL drivers will require a medical examiner's certificate. Failure to meet these requirements could result in your not being hired or, if hired, in your immediate termination. Please note the class of driver's license you currently hold: License #: Expiration Date: Class:		
Have you ever been fired, discharged or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain from what organization and the reason.		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on a separate sheet of paper and attach to this application. Include a copy of your judgment. Conviction will not necessarily disqualify you from employment.		

EDUCATION AND SKILLS		
Name of School, College, University, or Trade School	City/State	Degree(s)/Subjects/Credit Hours

COURSES, WORKSHOPS, SEMINARS AND OTHER SPECIALIZED OR ADVANCED TRAINING

EMPLOYMENT EXPERIENCE				
<p>Starting with your most recent or present employer first, list all jobs held in the last ten years. Please do not use “see resume”. If additional space is needed, attach additional sheets. Indicate name under which employed if different than this application. Resume should be attached to provide additional information. IMPORTANT: State full particulars of all employment covering full disposition of your time whether employed or not. If employing firm is out of business, so state. If time in between employers exceeds 60 days, explain what you were doing during the period.</p>				
Position Title	From	To	Final Salary	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employing Firm		Firm Address		City/State/Zip
Firm Phone Number	Number of Employees Supervised		Name and Title of Immediate Supervisor	
Position Duties				
Reason for Leaving				

EMPLOYMENT EXPERIENCE (continued)				
Position Title	From	To	Final Salary	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employing Firm		Firm Address		City/State/Zip
Firm Phone Number	Number of Employees Supervised		Name and Title of Immediate Supervisor	
Position Duties				
Reason for Leaving				

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Firm Phone Number	Number of Employees Supervised		Name and Title of Immediate Supervisor	
Position Duties				
Reason for Leaving				

PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

(You may exclude memberships which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status.)

HONORS AND AWARDS

PERSONAL REFERENCES
(Exclude employers or relatives)

Name and Occupation	Address	Phone Number

APPLICANT STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

Kodiak Electric Association, Inc. (KEA) is an equal opportunity/affirmative action employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability, sexual orientation or political affiliation.

I certify that the information contained in this application is true and complete to the best of my knowledge. It is my understanding that KEA may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation and the giving or receiving of any such information. I understand that any falsification of this data, any material misrepresentation, or any deliberate omission of a fact may prevent my being hired; or if hired, may subject me to immediate dismissal. For the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, reference check, drug screen, criminal background check and completion of a health evaluation form.

Upon offer of employment, I do hereby agree to submit to such physical examinations as KEA may require. I understand such examinations will determine the presence of alcohol, drugs, or controlled substances. I understand that positive test results or refusal to consent to these tests will disqualify me from employment. I agree, that should I fail any medical examination, I may not be hired; or if hired, I could be terminated.

I hereby authorize the Department of Public Safety, Division of Motor Vehicles to release my driving record to KEA and/or its insurance carrier.

I further understand that this is an application for employment and that no employment contract is being offered; and that if I am employed, such employment is for no definite period of time. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory under the fair labor standards act for non-bargaining and bargaining unit employees: overtime, shift work, or a work schedule other than Monday through Friday. KEA will observe any labor agreements which may be in effect. I agree to conform to the standards of conduct, performance and the policies of this organization.

Applicant's Signature

Date