



Alaska SeaLife Center  
windows to the sea

# Application for Employment

Please Download this form using Adobe Acrobat Reader.

This form can be printed, filled out by hand, and mailed to us.

This form can also be filled out electronically, saved and emailed to [hr@alaskasealife.org](mailto:hr@alaskasealife.org)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any unlawful basis including age, sex, color, race, creed, parenthood, national origin, religious persuasion, marital status, political belief, or disability.

Position(s) Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

How Did You Learn About Us?  AK Job Service  Friend  Relative

Advertisement \_\_\_\_\_  Webpage \_\_\_\_\_  Other \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Holidays  Weekends

Date available for work: \_\_\_\_\_

## I. PERSONAL INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_/\_\_\_\_\_  
Telephone Number E-mail Address

1. State any other name or names you have used or by which you are known.

\_\_\_\_\_

If you are under 18 yrs. of age, can you provide required proof of your eligibility to work?  Yes  No

2. Have you ever filed an application with us before? If Yes, give date: \_\_\_\_\_  Yes  No

3. Have you ever been employed with us before? If Yes, give date: \_\_\_\_\_  Yes  No

4. Do any of your friends or relatives work here?  Yes  No

If Yes, state name and relationship: \_\_\_\_\_

5. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Federal law prohibits the employment of unauthorized aliens. Proof of citizenship or immigration status will be required upon employment.*  Yes  No

6. Have you ever been convicted of a felony?  Yes  No  
If Yes, please describe fully (use additional pages if necessary). Any conviction will be considered only as it relates to fitness to perform the position being sought.

\_\_\_\_\_

8. Has your driver's license ever been suspended or revoked?  Yes  No  
If Yes, please describe the circumstances and give dates.

\_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THE FOLLOWING UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you applied?

Yes  No

## II. EDUCATIONAL HISTORY

<u>Name and Address of School</u>	<u>Course of Study</u>	<u>No. of Yrs. Completed</u>	<u>Degree/Diploma</u>
High School		/	/
College		/	/
Graduate College		/	/
Technical Training		/	/
List current Professional Licenses, Certificates, Registrations			

## III. EMPLOYMENT RECORD

Please include all employment for **the last ten years beginning with the most recent**. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected classes.

1. \_\_\_\_\_

Company Name (Current or Most Recent Employer)	Position(s) Held	Dates Employed: _____ - _____ (mm/yy) From To
Address	Telephone	Wage/Salary
Duties/Responsibilities: (limited to 1200 characters)		

Reason For Leaving \_\_\_\_\_

May We Contact?

Yes  No

2.

Company Name (Current or Most Recent Employer) Position(s) Held

Address Dates Employed: (mm/yy) From To

Manager / Supervisor Telephone Wage/Salary

Duties/Responsibilities: (limited to 1200 characters)

Large empty rectangular box for entering duties and responsibilities.

Reason For Leaving May We Contact? Yes No

3.

Company Name (Current or Most Recent Employer) Position(s) Held

Address Dates Employed: (mm/yy) From To

Manager / Supervisor Telephone Wage/Salary

Duties/Responsibilities: (limited to 1200 characters)

Large empty rectangular box for entering duties and responsibilities.

Reason For Leaving May We Contact? Yes No

NOTE: Use a separate sheet to list additional employment in the last 5 years, and any other employment you believe is relevant to the position you are applying for.

#### IV. SPECIAL SKILLS

1. List any foreign languages that you speak, write, or understand:

\_\_\_\_\_

2. List the types of computer hardware and software, other electronic or mechanical equipment that you are qualified to operate or repair:

\_\_\_\_\_

\_\_\_\_\_ **Typing Speed:** \_\_\_\_\_ **WPM:** \_\_\_\_\_

#### V. MILITARY

1. Are you a veteran?  Yes  No

2. Duty/Specialized Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### VI. REFERENCES *Please do not include relatives or former employers listed elsewhere on this application. Use additional paper, if necessary..*

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **CERTIFICATION - IMPORTANT - PLEASE READ & INITIAL BEFORE SIGNING**

I certify that the information I have entered on this form is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_ **initials**

I authorize the Alaska SeaLife Center, or its authorized agents, to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Alaska SeaLife Center, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ **initials**

I have read the minimum qualifications for this job and believe that I am qualified. I understand that if I conceal or enter false information on this form, my name may be removed from consideration and I may be removed from employment with the Alaska SeaLife Center; that the information in this application may be released by the Alaska SeaLife Center in accordance with applicable law, and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

\_\_\_\_\_ **initials**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Alaska SeaLife Center is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause, with or without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically authorized by the Board of Directors and is stated in a contract signed by the Board President or the Executive Director.

\_\_\_\_\_ initials

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Alaska driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the ASLC's auto insurance carrier, if required for my position.

\_\_\_\_\_ initials

If necessary for employment, you may be required to: supply your passport, birth certificate, social security card, or other proof of authorization to work in the U.S., have a physical examination and/or drug test, provide a criminal background report/release, or sign a conflict of interest agreement and abide by its terms.

\_\_\_\_\_ initials

**I understand and agree to the information shown above:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit application to: Alaska SeaLife Center, Human Resources, PO Box 1329, Seward, AK 99664-1329**

## Voluntary Applicant Flow Data

Completion of the following is voluntary. The Alaska SeaLife Center is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any unlawful basis including: age, sex, color, race, creed, parenthood, national origin, religious persuasion, marital status, political belief, or disability. In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) Applying for: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name / First Name / Middle Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mailing Address / City / State / Zip

- Male
- Female

Please mark one of the following Equal Employment Opportunity Identification Groups:

- White (not Hispanic or Latino)
- Hispanic or Latino
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or more races

Please indicate where you found our advertisement:

\_\_\_\_\_