



Alaska SeaLife Center
w i n d o w s t o t h e s e a

Application for Employment

Please download this form using Adobe Acrobat Reader.

This form can be filled out electronically, saved, and emailed as an attachment to HR@alaskasealife.org.

This form can also be printed then faxed or mailed (see address at the bottom of page 5).

ASLC 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, disability, or veteran status.

Position(s) Applying For: _____ **Date:** _____

How Did You Learn About Us? ☐ Advertisement ☐ AK Job Service ☐ Friend ☐ Relative
☐ ASLC Website ☐ 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(s) 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?

2. Have you ever filed an application with us before? If Yes, give date: _____

3. Have you ever been employed with us before? If Yes, give date: _____

4. Do any of your friends or relatives work here?

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.*

6. Have you ever been convicted of a felony or misdemeanor?
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?
If Yes, please describe the circumstances and give dates.

Note to Applicants: DO NOT ANSWER THE FOLLOWING UNLESS YOU HAVE BEEN INFORMED ABOUT ALL 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: _____ - _____			
Address	City	State	Zip
		/	/
Manager / Supervisor's Name		Telephone	Wage/Salary
Duties/Responsibilities: (limited to 1200 characters)			
<div></div>			

Reason For Leaving

May We Contact?

Company Name (Current or Most Recent Employer)

Position(s) Held

Address

City

State

Zip

Dates Employed: _____ - _____
(mm/yy) From To

Manager / Supervisor's Name

Telephone

Wage/Salary

Duties/Responsibilities: (limited to 1200 characters)

May We Contact?

Reason For Leaving

Company Name (Current or Most Recent Employer)

Position(s) Held

Address

City

State

Zip

Dates Employed: _____ - _____
(mm/yy) From To

Manager / Supervisor's Name

Telephone

Wage/Salary

Duties/Responsibilities: (limited to 1200 characters)

May We Contact?

Reason For Leaving

NOTE: Use a separate sheet to list additional employment in the last 10 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 supervisors listed elsewhere. Use additional paper, if necessary.*

	Name	State/Telephone	Occupation	Yrs Known
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 via the following: Email HR@alaskasealife.org, Fax to (907)-224-6320 or Mail to Alaska SeaLife Center, Human Resources, PO Box 1329, Seward, AK 99664-1329

***ATTENTION MAC USERS - When completing this application you must print this form as a PDF. Saving as a PDF will create a blank document. For information on printing to PDF see the section "PDF" on the following link, <http://support.apple.com/kb/HT3771>**

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a ***Confidential File*** separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
 ☐ Employment Agency ☐ Company Website ☐ Other

Name _____ Phone () _____

 LAST FIRST MIDDLE

Address _____

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: ☐ Male ☐ Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

☐ No, I am **not Hispanic or Latino**.

☐ Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

☐ **White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Black or African American** – A person having origins in any of the Black racial groups of Africa.

☐ **American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Two or More Races** – All persons who identify with more than one of the above five *rac**es*.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

☐ **Veteran** - As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____ Date _____
