



# APPLICATION FOR EMPLOYMENT



**\*\*Non-Driving\*\***

**COPPER BASIN SANITATION LLC**

PO Box 88, Glennallen, AK 99588-0088

Phone: 907-822-3600 Fax: 907-822-4224 email: [cbssc@cvinternet.net](mailto:cbssc@cvinternet.net)

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or non-job-related disability.*

## Applicant Information

Applicant Name \_\_\_\_\_

First Middle Last

Phone ( ) \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

Alt Phone ( ) \_\_\_\_\_

Street City State Zip Code

email: \_\_\_\_\_

*\*If at this residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*

Street City State Zip Code

Street City State Zip Code

Position applying for \_\_\_\_\_ Who referred you? \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you worked for this company before? Yes No Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you an Alaskan Resident? Yes No

Are you currently employed? Yes No If not, how long since leaving last employment? \_\_\_\_\_

## Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last school attended \_\_\_\_\_ Diploma Issued by: \_\_\_\_\_

Other training or certification applicable to the position (See page 3 for skills listing.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## License or Identification Information

Do you have more than one motor vehicle license? No, or if Yes, how many? \_\_\_\_\_

State: \_\_\_\_\_ License or ID No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. In the past 3 years, have you had any traffic convictions, forfeitures or accidents? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered "yes" to A, B or C, attach a statement giving details.*

*Driving records will be checked before being allowed to drive any company vehicle.*

## Military Service

If you are serving or have you ever served in the military, please provide: Branch: \_\_\_\_\_

Rank \_\_\_\_\_ If discharged: when \_\_\_\_\_ Copy of discharge attached? \_\_\_\_\_

Are you in the reserves? \_\_\_\_\_ Reporting station \_\_\_\_\_

Skills \_\_\_\_\_

\_\_\_\_\_

## Employment Record (ATTACH SHEET IF MORE SPACE IS NEEDED)

Provide the following information on **ALL** employers during the previous three years. Please give the same information for **all** employers you have done **job related work** for in the seven years prior to the initial three years. (Total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code.**

COMPANY NAME _____	SUPERVISOR _____
ADDRESS _____	SUPERVISOR PHONE _____
EMAIL ADDRESS _____	COMPANY PHONE _____
LAST POSITION HELD _____	FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____	
Were you required to hold any specific license or bonding while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____	
COMPANY NAME _____	SUPERVISOR _____
ADDRESS _____	SUPERVISOR PHONE _____
EMAIL ADDRESS _____	COMPANY PHONE _____
LAST POSITION HELD _____	FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____	
Were you required to hold any specific license or bonding while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____	
COMPANY NAME _____	SUPERVISOR _____
ADDRESS _____	SUPERVISOR PHONE _____
EMAIL ADDRESS _____	COMPANY PHONE _____
LAST POSITION HELD _____	FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____	
Were you required to hold any specific license or bonding while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____	
COMPANY NAME _____	SUPERVISOR _____
ADDRESS _____	SUPERVISOR PHONE _____
EMAIL ADDRESS _____	COMPANY PHONE _____
LAST POSITION HELD _____	FROM _____ TO _____ SALARY _____
REASON FOR LEAVING _____	
Were you required to hold any specific license or bonding while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____	

**Employment Record (continuation)**

COMPANY NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
LAST POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you required to hold any specific license or bonding while employed by this employer?  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

COMPANY NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SUPERVISOR PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_  
LAST POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

Were you required to hold any specific license or bonding while employed by this employer?  Yes  No

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

PLEASE LIST YOUR SKILLS AND ABILITIES THAT APPLY TO THIS JOB.

COMMUNICATION SKILLS \_\_\_\_\_

Oral & Written \_\_\_\_\_

Dispatching \_\_\_\_\_

ORGANIZATION SKILLS \_\_\_\_\_

Filing / paper management \_\_\_\_\_

Work priorities \_\_\_\_\_

BOOKKEEPING \_\_\_\_\_

Computer applications \_\_\_\_\_

10-Key (calculators) \_\_\_\_\_

GENERAL OFFICE SKILLS \_\_\_\_\_

Typing / Keyboard (50 wpm?) \_\_\_\_\_

Self-motivation / Self starting \_\_\_\_\_

Physically able (Lifting, Sitting, Bending, Reaching, Writing) \_\_\_\_\_

Phone \_\_\_\_\_

CUSTOMER SERVICE SKILLS & ABILITIES (Pleasant / Clean / Professional / Listen well/ speak clearly) \_\_\_\_\_

ANYTHING ELSE? \_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
email: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
email: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
email: \_\_\_\_\_

Is your résumé attached or included? No \_\_\_ Yes \_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make investigations and inquiries into my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my work and safety performance history. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT’S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT’S SIGNATURE

Social Security No # \_\_\_\_\_