Bethel Community Services

Employment Application

Foundation P.O. Box 2189 Bethel, AK 99559 907-543-1812



Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable

Position(s) applied for ______ Date of Application _____/

accomodation to the application and/or interview process should notify BCSF administration.

Name						
	LAST	FIRST	MIL	DDLE		
Address	STREET	CITY	STATE	ZIP CODE		
Telephone # () Me	obile phone # ()	Social Security	· #		
		e a job permit in order to be				
	•	before?	·	□Yes □No		
		l Time □ Part Time □'				
		e requirements of the position	- '			
		e in the last seven (7) years?				
		DYMENT. EACH INSTANCE WILL BE CONSIDER		TION FORWHICH YOU ARE APPLYING.		
Do you have an A	Alaska driver's licer	nse?		Yes No		
	ving information for	your past four (4) employers	s, assignments or volunteer	activities, starting with the		
FROM	то	EMPLOYER		TELEPHONE		
JOB TITLE	· ·	ADDRESS		1		
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ PER FINAL \$ PER				
FROM	то	EMPLOYER		TELEPHONE		
JOB TITLE	1	ADDRESS		I		
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
REASON FOR LEAVING		HOURLY RATE/SALARY START \$	PER FINAL\$	PER		
FROM	то	EMPLOYER		TELEPHONE		
JOB TITLE		ADDRESS		ı		
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK P	PERFORMED AND JOB RESPONSIBILITIES	S		
REASON FOR LEAVING		HOURLY RATE/SALARY START \$	PER FINAL \$	PER		
		<u> </u>				

FROM	ТО	EMPLOYER	EMPLOYER					
JOB TITLE	OB TITLE ADDRESS							
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE O	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES					
DE400N 50D / 50V	1110	LIQUELY DATE ON A DV						
REASON FOR LEAVING			HOURLY RATE/SALARY START \$ PER FINAL \$ PER					
Summarize an	,	ons icenses, and/or certificates t ch you are applying.	hat may qualify yo	u as being able to per	form job-related			
Education	nal Backgro	und						
Educational Background NAME AND LOCATION			YEARS COMPLETED	DID YOU GRADUATE COURSE OF STUDY				
HIGH SCHOOL								
COLLEGE				MAJOR DEGREE				
OTHER								
Reference Please list two		nd two (2) personal reference	ces.					
	NAMI		TELEPHONE	EMAIL	YEARS KNOWN			
			()					
			()					
			()					
			()					
		SREPRESENTATION OR MATERIAL OMISS ROM THE EMPLOYER'S SERVICE, WHENE		PPLICATION WILL BE SUFFICIEN	T CAUSE FOR CANCELLATION OF			
ACCURACY OF THE II	NFORMATION CONTAINED II	AND OBTAIN INFORMATION FROM ALL RE N THIS APPLICATION. I HEREBY RELEASE RSONS, CORPORATIONS, OR ORGANIZATI	FROM LIABILITY THE EMPLO	DYER AND ITS REPRESENTATIVE				
		IMINATE IN EMPLOYMENT AND NO QUEST T ON A BASIS PROHIBITED BY LOCAL, STA		IS USED FOR THE PURPOSE OF	LIMITING OR EXCUSING ANY APPL			
	CURRENT FOR ONLY 60 DA	YS. AT THE CONCLUSION OF THIS TIME, I A NEW APPLICATION.	F I HAVE NOT HEARD FROM	THE EMPLOYER AND STILL WIS	H TO BE CONSIDERED FOR EM-			
TERMINATE MY EMPL AN AGREEMENT OR (OYMENT AT ANY TIME WITH CONTRACT FOR EMPLOYME ICER HAS THE AUTHORITY	D RESIGN AT ANY TIME WITH OR WITHOU I OR WITHOUT CAUSE AND WITHOUT PRI INT FOR ANY SPECIFIED PERIOD OR DEF TO MAKE ANY ASSURANCES TO THE CON	OR NOTICE. EXCEPT AS MAY NITE DURATION. I UNDERST	Y BE REQUIRED BY LAW. THIS AF TAND THAT NO REPRESENTATIV	PPLICATION DOES NOT CONSTITUT E OF THE EMPLOYER OTHER THAN			
	IT IS THIS COMPANY'S POL REQUIRED BY THE ADA.	ICY NOT TO REFUSE TO HIRE A QUALIFIE	D INDIVIDUAL WITH A DISABI	ILITY BECAUSE OF THAT PERSO	N'S NEED FOR A REASONABLE			
		BE REQUIRED TO PROVIDE PROOF OF ID	ENTITY AND LEGAL WORK A	AUTHORIZATION.				
I represent and	d warrant that I ha	ve read and fully understan	d the foregoing and	d seek employment u	nder these conditions.			
Signature of A	pplicant			Da	te			