



# APPLICATION FOR EMPLOYMENT

Submit completed application to:  
 Akmaaq, LLC  
 3150 C Street, Suite 250 | Anchorage, AK 99501  
 Phone (907) 751-8400 | Fax (907)561-2052 | Web www.akmaaq.com  
*Descriptions of open positions and other information is available online.*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Date of Application</b>
Mailing Address			Day Phone Number (home, work or cell)
City	State	Zip Code	Evening Phone Number (home, work or cell)
Email Address:	Social Security Number:	Other names which you have worked under:	

<b>Position Applying for</b>	<b>Job Number</b>	<b>Years of experience in this type of work</b>				
Minimum Acceptable Salary \$ _____ per		Date available to start work				
Can you perform all of the essential functions of the position, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If required, can you provide legal documentation of your eligibility to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What location will you accept work: <input type="checkbox"/> Anchorage <input type="checkbox"/> Other: _____						
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What schedule are you available to work:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:						
To:						

<b>EDUCATION &amp; TRAINING</b>		
Diploma/Certificate Received: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Certificate of Attendance <input type="checkbox"/> G.E.D. (General Equivalency Diploma)		
Name & Address of High School:		
<b>Name &amp; Address of Post Secondary School(s)</b>	<b>Subject</b>	<b>Degree/Certificate</b>
COLLEGE, UNIVERSITY OR OTHER TRAINING/EDUCATION		
COLLEGE, UNIVERSITY OR OTHER TRAINING/EDUCATION		
Do you have any other job-related skills, special qualifications, professional licenses, or professional training required for the position?		
Do you type? <input type="checkbox"/> NO <input type="checkbox"/> YES Words per minute _____ 10-key by touch? <input type="checkbox"/> NO <input type="checkbox"/> YES KSPM: _____		
State computer applications you have worked with and your skill level with each (use additional sheet if necessary):		
If required for the job, do you have a valid Alaska driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>SHAREHOLDER STATUS</b> (used to determine Shareholder preference in hiring only)		
Are you a registered shareholder of an Alaska Regional Corporation? (set up under the 1971 Alaska Native Claims Settlement Act)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which corporation:
Are you a spouse of a shareholder?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, name of spouse:
Are you a descendant of a shareholder?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:

**How did you hear about the job you are applying for:**

Akmaq Website       NANA       Ad (Where did you see it?): \_\_\_\_\_       Other: \_\_\_\_\_

Employee Referral (Employee's Name): \_\_\_\_\_

**EMPLOYMENT HISTORY – Begin with your current job and list the past ten years Please attach resume if available. This section must be completed – do not list “see resume” except for job duties.**

<b>1</b>	<b>MOST RECENT or CURRENT EMPLOYER'S NAME</b>	TELEPHONE
ADDRESS		EMPLOYED (Month & Year) FROM _____ TO _____
LAST JOB TITLE		RATE OF PAY: STARTING _____ ENDING _____
DESCRIBE YOUR JOB DUTIES:		
REASON FOR LEAVING		SUPERVISOR'S NAME:
<b>2</b>	<b>EMPLOYER'S NAME</b>	TELEPHONE NUMBER
ADDRESS		EMPLOYED (Month & Year) FROM _____ TO _____
LAST JOB TITLE		RATE OF PAY: STARTING _____ ENDING _____
DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING		SUPERVISOR'S NAME:
<b>3</b>	<b>EMPLOYER'S NAME</b>	TELEPHONE NUMBER
ADDRESS		EMPLOYED (Month & Year) FROM _____ TO _____
LAST JOB TITLE		RATE OF PAY: STARTING _____ ENDING _____
DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING		SUPERVISOR'S NAME:
<b>4</b>	<b>EMPLOYER'S NAME</b>	TELEPHONE NUMBER
ADDRESS		EMPLOYED (Month & Year) FROM _____ TO _____
LAST JOB TITLE		RATE OF PAY: STARTING _____ ENDING _____
DESCRIBE YOUR JOB DUTIES		
REASON FOR LEAVING		SUPERVISOR'S NAME:

**If additional space is needed to list all employers, use a separate sheet of paper and attach to this application.**

PROFESSIONAL REFERENCES NAME	OCCUPATION	YEARS KNOWN	DAY TIME PHONE NUMBER

**Reference checks may include verifying employment with your current employer unless you indicate otherwise:**  
 No, do not contact my current employer: Reason:

**EMPLOYMENT** – Have you ever been fired, dismissed, forced to resign, or resigned in lieu of termination of employment?  
 Yes  No If yes, please explain:

Have you ever been employed by any NANA organization, subsidiary, or joint venture?  No  Yes (If yes, which one?)

If yes, in what position?	When?	Reason for Leaving:	Where?
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Supervisor's Name, Title and Phone Number:

**AGREEMENTS**

Are you currently subject to the terms of a non-compete agreement or any other contract or agreement that restricts your ability to own, operate, be employed by or consult for this Company or any other company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently subject to the terms of a non-solicitation agreement or any agreement that limits your contact with employees, consultants, clients or customers of a former or current employer?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you currently subject to the terms of an intellectual capital agreement or any other agreement or contract that governs or restricts intellectual property?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

*By submitting this application I understand and agree that if I have checked yes to any of the above that I will be required to provide a copy of the said agreements for review prior to the execution of any potential offer of employment.*

## ACKNOWLEDGMENT

The information that I have provided is accurate to the best of my knowledge and subject to validation by Akmaaq. I understand and agree that any misrepresentation, false statement or omission of a fact in my application may be justification for not being hired or, if hired, may subject me to discipline, up to and including termination of employment. Further, I acknowledge, if hired, that throughout the course of my employment, I must immediately inform Akmaaq in the event I am convicted of a crime other than a minor traffic violation.

I understand and agree that if Akmaaq hires me, I will be employed by Akmaaq, and will not be an employee of any client of Akmaaq. I agree to accept and comply with the rules and working conditions established by Akmaaq as well as any worksite rules of the any Akmaaq client while on the client's premises or any premises that may be my worksite.

I understand and agree that if Akmaaq hires me, my employment relationship with Akmaaq is at will. This means that Akmaaq has the right to end my employment with Akmaaq at any time, for any reasons with or without notice or cause. I understand and agree Akmaaq cannot and does not guarantee its employees that any assignment or employment will last for any fixed duration.

I understand that an offer of employment and my continued employment with Akmaaq are contingent upon satisfactory proof of my authorization to work in the United States. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between me and Akmaaq for either employment or for the providing of any benefit. I also understand that if hired, I will be required to take and pass a drug test as a condition of being hired with Akmaaq and may be retested when transferred to a Akmaaq location or position or at other times as set forth in Akmaaq drug testing program.

I understand that if hired, assignments and work schedule are subject to change in order to meet company needs. Such changes are at the discretion of Akmaaq management.

If employed by Akmaaq, I will comply with all rules, regulations, and policies set forth in Akmaaq's policy statements which include, without limitation, my satisfactory completion of a pre-placement physical assessment and my submission to and passing of a drug and/or alcohol test. In addition, if hired, employment will be contingent upon receiving a background check that is satisfactory to Akmaaq.

Signature	Print Name	Date
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## AKMAAQ, LLC

### APPLICATION SUPPLEMENT FOR CRIMINAL BACKGROUND CHECK INFORMATION

**CRIMINAL HISTORY: A conviction is not an automatic bar from employment with Akmaaq.** All units require a criminal history background check. Failure to complete this section may result in your application being rejected. Omission of any information may result in your application being rejected or may be grounds for termination if hired.

Have you ever plead no contest or have been convicted of a <b>Felony</b> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nature of Offense	Disposition	Date	Location
Have you ever plead no contest or been convicted of a <b>Misdemeanor</b> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nature of Offense	Disposition	Date	Location
Have you ever plead no contest or been convicted of a <b>Traffic Violation</b> ? (Required for positions that require a driver's license).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nature of Offense	Disposition	Date	Location
<b>If you answered "yes" to any of the above questions please PROVIDE DETAILED INFORMATION about the conviction(s).</b> Use additional sheet if necessary) New Hires may also be required to furnish fingerprints for a more extensive criminal history check.			

### AUTHORIZATION TO RELEASE INFORMATION

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Other name(s) utilized in your past working career</b>				<b>Maiden name</b>	
<b>Date of Birth</b>	<b>Your Age</b>	<b>Social Security Number</b>		<b>Position applied for</b>	

I understand that Akmaaq has a wide range of business including providing services to a variety of clients. I further understand that many positions require that Employees hired by Akmaaq undergo one or more background investigations, including, but not limited to checking references, checking criminal convictions, checking motor vehicle records, and being fingerprinted.

During the application process and at any time during any subsequent employment, I understand and agree that Akmaaq may request information from various federal, state and other agencies, including public and private sources which may maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background as well as other past experiences.

I authorize the release of this information without restriction to Akmaaq, any Consumer Reporting Agency, their respective officers, agents or employees and to any client of Akmaaq to which I may be assigned. I further authorize Akmaaq to share the results of such investigation with the requesting client. I release Akmaaq, Akmaaq's client, the consumer reporting agency and all of their respective agents, employee officers, and shareholders from any liability and responsibility for collecting, reviewing, disseminating and/or making decisions based on information obtained.

I have read and understand the above. I acknowledge that a fax or copy of this release shall be as valid as the original. This release is valid for all private persons and entities, and federal, state, county and local agencies and authority.

Signature	Date
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#### HUMAN RESOURCE USE ONLY

UNIT	LOCATION
BILLING INSTRUCTIONS GL Code:	HR REPRESENTATIVE

**AKMAAQ, LLC**  
**FAIR CREDIT REPORTING ACT DISCLOSURE AND**  
**CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT**

**Disclosure That Akmaaq May Procure a Consumer Report**

A consumer report may be obtained on you for employment purposes with Akmaaq. This report may include, but is not limited to, information about your creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on your credit standing, credit capacity. An investigative consumer report may also be obtained. This investigative consumer report may include information as to your character, general reputation, personal characteristics, trustworthiness and mode of living. You have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

**Authorization to Procurement of Consumer Report**

I understand that, as a condition of my consideration for employment with Akmaaq, or as a condition of my continued employment with Akmaaq, Akmaaq may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Akmaaq's procurement of such a report through a Credit Reporting Agency. I understand that, pursuant to the federal Fair Credit Reporting Act, Akmaaq will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Akmaaq. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

<b>Signature</b>	<b>Date</b>
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# VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY SURVEY

First Name		Middle Initial	Last Name
Date of Birth	Your Age	Social Security Number	Position Applying for

Akmaaq would appreciate you completing this form for data collection, auditing, and reporting. This is a voluntary confidential information form; you do not have to complete this **page** to be considered for employment. Federal, state and local laws prohibit the use of this information for any purpose other than data collection. This form is NOT part of your application for employment and will not be forwarded to the hiring supervisor. Please complete the following:

ETHNIC ORIGIN	Female	Male
<b>Alaskan Native</b> Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. Alaska Native may include, for example: any person of Yup'ik, Inupiaq, Aleut, Athabascan, Tlingit, Haida or Tsimshian origin.	<input type="checkbox"/>	<input type="checkbox"/>
<b>American Indian</b> Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asian/Pacific Islander</b> Any persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Philippine Islands and Samoa.	<input type="checkbox"/>	<input type="checkbox"/>
<b>African-American/Black</b> Not of Hispanic origin; any person having origins in any of the Black racial groups of Africa.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hispanic</b> Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.	<input type="checkbox"/>	<input type="checkbox"/>
<b>White</b> Not Hispanic origin; any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/>	<input type="checkbox"/>

<b>VETERAN STATUS</b>
<input type="checkbox"/> I am <u>not</u> a Veteran
<input type="checkbox"/> I am a <b>Veteran</b> classified as: (select only one category)
<input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Veteran of the Vietnam-era <input type="checkbox"/> Newly Separated Veteran <input type="checkbox"/> Other Protected Veteran

<input type="checkbox"/> I have read this form and <b>choose not</b> to voluntarily submit this information.
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Signature	Date
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