

EMPLOYMENT APPLICATION

ACF is an AT-Will Employer

ACF is an Equal Employment Opportunity Employer.

Directions: Please complete all three (3) pages of the Employment Application, sign and date to receive full A resume must be attached but is not a substitute for completing this application.

PERSONAL INFORMATION

I ERSONAL INFORMATION				
1. Date				
2. Position Title		3. Email Ad	ldress	
4. Last Name	5. First Name	6. Middle Initial 7. Other Names Used		7. Other Names Used
8. Current Address		<u> </u>	9. Telephon	1e
10. City/ State/ Zip			11. Business Phone	
12. Permanent Address (if different)				
13. Last four digits of social security num	iber:	14. Driver's	983	te, number, expiration date)
15. Date available to begin work?			16. Salary desired	
17. May we contact and secure confident	Present emp	ployer? Yes_	No	Other references? Yes No
18. Do you claim Veteran's Preference?				
19. Have you ever been convicted of a fel	ony? Yes No I	f "yes", list w	here, when a	and the crime:
***		2000 PM		_ If yes, list where, when and the crime:
21. Have you ever been employed by the			9 9800000	
22. Have you ever volunteered for the Ala				
23. Are you authorized to be employed by Yes No				
to provide documents verifying your ider				erstand that if hired, you will be required
Yes No 25. Family: List names of relatives who	aumantly work for the A	laska Concar	ration Found	Jatian.
25. Family. List liames of relatives who	currently work for the Ai	aska Conserv	vation round	lation:



Alaska Conservation Foundation

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Job Title/ Duties/ Accomplishments Reason for Leaving						
	Job Title/ Duties/ Accon	nplishments		Reason for Leaving		



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Company Name		Phone		
Address		Type of Business		
Supervisor Name and Ti	tle	Dates Employed		
Job Title/ Duties/ Accor	nplishments	Reason for Leaving		
Company Name		Phone		
Address		Type of Business		
Supervisor Name and Ti	tle	Dates Employed	Dates Employed	
Job Title/ Duties/ Accon	nplishments	Reason for Leaving		
	ease provide your three (3) most current			
Name	Occupation	Phone		
Company/Organization				
Address	City/State/Zip			
Name	Occupation	Phone		
Company/Organization	-			
Address	City/State/Zip			
Name	Occupation	Phone		
Company/Organization				
Address	City/State/Zip			



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I heareby declare that the information provided by me in this application is true, correct and complete to the bes of my knowledge. I understand that if employed by ACF, any misstatement or omission of fact on this application may be grounds for dismissal. I further acknowledge that ACF may, at their discretion, conduct an official background check to verify the statements made in this application.

Applicant Signature:	Date:	
After all sections of this application have been complete	ed, please submit this application to:	

Alaska Conservation Foundation

Human Resources Office 441 West 5th Avenue, Suite 402 Anchorage, Alaska 99501 Telephone (907) 276-1917 Fax (907) 274-4145 acfjobs@alaskaconservation.org