



Facilitator for Alaska's College and Career Counseling Initiative (CCCI)

Employment Application Form

Application Date _____

Interview Date _____

General Information

Last Name _____

First Name _____

Initial _____

Social Security No. _____

Address _____

Home Telephone _____

City, State, Zip _____

Message Telephone _____

Date Available _____

Hours Available _____

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? YES NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Education Information

School _____

Address _____

Major Studies _____

Degree, Diploma, License or Certificate (list type and date) _____

High School _____

Vocation/Business/Other _____

College/university _____

College/university _____

Graduate _____

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training) _____

Military Service (list dates, ranks and training) _____

Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer Is this your current employer? NO YES May we contact this employer for references? NO YES

Employed From

Employed To

Job Title

Employer Name

Employer Address

Supervisor's Name

Supervisor's Phone

Job Duties and Responsibilities

Next Most Recent Employer

Employed From

Employed To

Job Title

Employer Name

Employer Address

Supervisor's Name

Supervisor's Phone

Job Duties and Responsibilities

Next Most Recent Employer

Employed From

Employed To

Job Title

Employer Name

Employer Address

Supervisor's Name

Supervisor's Phone

Job Duties and Responsibilities

Other Information

Volunteer Activities (list organization, type of service, dates)

Hobbies, Interests (optional)

Certification and Authorization

The above information is true and correct.

I authorize the The Network to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Thank you for your interest! Please return this document and all other required application materials to:

ACPE
ATTN: Barbara Mongar
800 East Dimond Blvd, Suite 200
Anchorage, AK 99515-2049

Application materials can also be sent via email to:

barbara.mongar@alaska.gov

For questions regarding the Alaska Postsecondary Access and Completion Network, or more information on the CCCI initiative please feel free to email, Saichi Oba, Chair of the Board of Directors for The Network at stoba@alaska.edu.