

Employment Application
 Shaan-Seet, Incorporated
 501 Main St. * P.O. Box 690 * Craig, Alaska 99921 * (907) 826-3251



Personal

Name (Last, First, Middle Initial)		Maiden Name	Social Security Number
Mailing Address	City	State	Zip
Telephone			Permanent Address
Message Phone			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Shaan-Seet Shareholder <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse of Shareholder <input type="checkbox"/> Yes <input type="checkbox"/> No
Village/Urban Corporation Shareholder <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Corporation		
Primary Occupation (Most Experience or Training in)			
Secondary Occupation (Training or Experience in another field)			

Employment Desired

Indicate the position desired or the category of work for which you are applying	Date available
Category: (Check all that apply) <input type="checkbox"/> Management <input type="checkbox"/> Accounting <input type="checkbox"/> Technical <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Skilled Craft <input type="checkbox"/> Labor <input type="checkbox"/> Trainee	Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> In remote location
Have you ever been employed by Shaan-Seet or its subsidiaries before? Indicate when and where.	
Give any special qualifications that would make you particularly valuable to this company	

Work Location

Would you relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to work in a remote location (ie. logging camp) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education

Currently Attending School <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Location of School	Circle Last Year Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects Studied & Degree(s) received
H.S. or GED		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, business, correspondence school or training		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service

Branch of Service (Army, Navy, Air Force, etc.)	From	To	Present Military Affiliation <input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)
Kinds of Training and duties while in Service			Type of Discharge

Former Employment

Last Employer			
Name of Employer		Address of Employer	
Employment Dates: From: To:	Job Title	Reasons for Leaving	Rate of Pay
Explain duties and responsibilities of this job. Machines operated, tools used, tasks performed:			

Second Last Employer			
Name of Employer		Address of Employer	
Employment Dates: From: To:	Job Title	Reasons for Leaving	Rate of Pay
Explain duties and responsibilities of this job. Machines operated, tools used, tasks performed:			

Skills

List <u>Current</u> professional licenses, certificates or registrations (CPR/First Aid etc.)		Exp. for CPR/First Aid _/_/___	List electronic or mechanical equipment you operate or repair	
Title	Date obtained	Operate	Repair	
Title	Date obtained	Operate	Repair	
Typing Certification: I can type _____ words per minute, with fewer than _____ total errors, during a period of at least five minutes				

Emergency Information

Name of person to notify in case of emergency	Relationship
Address	Telephone

References Give the names of three persons NOT related to you whom you have known at least one year and we can contact

Name	Address	Telephone	Business	Years Acquainted

I certify that the information shown on this application is true and correct to the best of my knowledge. I authorize previous employers and references listed to furnish Shaan-Seet, Inc. with such information as it considers necessary to evaluate my qualifications for employment. I further agree that the falsification or withholding of pertinent information will be grounds for discharge from employment.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Signature _____

Date _____