



# Application For Employment

6250 Tuttle Place, Ste 5  
Anchorage, AK 99507

(907) 258-1345  
Fax: (907) 222-1188

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For	Date of Application
How Did You Learn About Us? Circle one	
Advertisement	Friend
Walk-In	Employment Agency
Relative	Other

Last Name	First Name	Middle Name
Address	City	State
Zip Code	Telephone Number(s) ( )	Email :
		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? (circle one)

Yes    No

Have you ever filed an application with us before? Yes    No

If yes, give date(s)

Have you ever been employed with us before? Yes    No

If yes, give date(s)

Are you currently employed? Yes    No

May we contact your present employer? Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes    No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work: (circle one) Full Time    Part Time    Shift Work    Temporary

Are you currently on "lay-off" status and subject to recall? Yes    No

Can you travel if a job requires it? Yes    No

Have you been convicted of a felony within the last 7 years? Yes    No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List any professional, trade, business or civic activities and offices held.

*You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

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## References

Give names, addresses, and telephone numbers of three references that are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training in the United States Armed Forces?

Yes No

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

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## **Employment Experience**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, religion, gender, national origin, handicap or other protected status.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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**PAUG-VIK  
HEALTH QUESTIONNAIRE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #

**PERSONAL MEDICAL HISTORY:** Please mark answers to all questions. Have you ever had or have you ever been treated for:

Item		Y	N
1.	Amputated foot, leg, arm, or hand		
2.	Ankyloses of joints		
3.	Arteriosclerosis (hardening arteries)		
4.	Arthritis		
5.	Asbestosis		
6.	Asthma/Bronchitis/Chronic Obstructive pulmonary disease		
7.	Back: Neck or Back Injury		
8.	Osteoporosis		
9.	Ruptured Intervertebral Disc		
10.	Spondylolisthesis		
11.	Cardiac Disease		
12.	Carpal Tunnel Syndrome		
13.	Cerebral Palsy		
14.	Cerebral Vascular Accident		
15.	Chronic Osteomyelitis		
16.	Compressed Air Sequelae		
17.	Diabetes		
18.	Dizzy Spells or Fainting		
19.	Epilepsy		
20.	Head Injury or Loss of Consciousness		
21.	Heart Problems or Conditions		
22.	Heavy Metal Poisoning		

Item		Y	N
23.	Hemophilia		
24.	Hernia		
25.	Hyperinsulinism		
26.	Hypertension/High Blood Pressure		
27.	Ionizing radiation injury		
28.	Joint Injury/Joint Pain/Joint Stiffness		
29.	Kidney Disease		
30.	Loss of sight of one or both eyes or a partial loss of uncorrected vision of more than 75% bilaterally		
31.	Lung Problems/Diseases		
32.	Multiple Sclerosis		
33.	Muscular Dystrophy		
34.	Parkinson's Disease		
35.	Residual disability from Polio		
36.	Silicosis		
37.	Thrombophlebitis		
38.	Tuberculosis		
39.	Varicose Veins		
40.	Whole/partial loss of hearing		
41.	Have you ever been hospitalized?		
42.	Are you currently taking any medication or drugs (prescription or non)?		
43.	Have you ever been advised by a physician or other medical care provider to limit your physical activities in any way?		
44.	Have you ever refused a recommended surgical procedure?		

Employer does not discriminate in hiring, promotion or retention policies or practices against persons who have or have had disabilities, impairment or medical conditions. Employer does and will consider employee's safety practices and mental and physical ability to carry out the essential duties of the position.

If the answer to any of the previous questions is marked “yes”, please complete the following:

Item#	Further Explanation of Medical Condition or Injury	Year Diagnosed	Treating Physician Name & Address	Description of any physical limitations due to medical condition and restrictions or ever recommended by a physician.

**EMPLOYMENT DISCLOSURE**

Alaska state law, AS 23.30.022, provides:

An employee who knowingly makes a false statement in writing as to the employee's physical condition in response to a medical inquiry, or in a medical examination, after a conditional offer of employment may not receive benefits under this chapter if:

1. The employer relied upon the false representation and this reliance was a substantial factor in the hiring; and
2. There was a causal connection between the false representation and injury to the employee

*This means that if you lie about your physical/mental condition on the employment application or employment questionnaire and you are injured on the job, you may lose your right to collect workers’ compensation benefits if you have a work-related injury.*

**ACKNOWLEDGMENT**

I understand the importance of answering this questionnaire completely and accurately. I understand that any misrepresentation or omission of facts may result in denial of workers’ compensation benefits. I further understand that the employer will rely on my answers, and that any misrepresentations or omission of facts will be considered by the employer to be a serious matter justifying termination or other adverse action, consistent with the law.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed



**Paug-Vik Subsidiaries**  
**6250 Tuttle Pl, Suite 5**  
**Anchorage, AK 99507**  
**Off. 907-258-1345**  
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**APPLICANT BACKGROUND CHECK AUTHORIZATION FORM**

In consideration of Paug-Vik Subsidiaries's evaluation of my suitability for employment, I hereby authorize Paug-Vik Subsidiaries to perform all checks of my credentials as allowed by law including, but not limited to, discussions with: supervisors, co-workers, friends, business associates, or other individuals that Paug-Vik Subsidiaries, in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against Paug-Vik Subsidiaries, its agents, its employees, or any individual contacted by Paug-Vik Subsidiaries, arising out of its investigation. I further release and forever discharge Paug-Vik Subsidiaries, its agents, its employees, and the individuals and companies contacted by Paug-Vik Subsidiaries as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from Paug-Vik Subsidiaries's investigation of my credentials. I acknowledge that Paug-Vik Subsidiaries has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Notice to payroll department:**  
**For Alaskan residents, please contact Bristol Bay Borough Police Department. For Non-residents, they must provide a copy prior to start of work.**

**Background Check Requested: (By):** \_\_\_\_\_ **(Date):** \_\_\_\_\_

**Background Check Received: (By):** \_\_\_\_\_ **(Date):** \_\_\_\_\_



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**APPLICANT CHEMICAL SCREENING CONSENT AND RELEASE FORM**

I consent to Paug-Vik Subsidiaries Substance Abuse Testing Policy and I understand that according to this policy I am required to submit a sample or samples of urine for chemical analysis for pre-employment and at random during the duration of my employment with Paug-Vik Subsidiaries. I understand that these analyses will be conducted by the OnTrak TesTcup Collection/Urinalysis Panel method or by testing at a medical or laboratory facility. A documented chain of specimen custody exists to ensure the identity and integrity of my sample(s) throughout the testing and collection process.

The purpose of these analyses is to determine or rule out the presence of non-prescribed and/or illegal controlled substances in my urine.

I will cooperate fully with Paug-Vik Subsidiaries, its agents, its employees and its designated testing facility personnel in the administering of the chemical screening.

I have / have not (circle appropriate response) taken ANY medication and/or drugs of any kind in the past thirty (30) days. If you answer you have taken medication within the past thirty (30) days, please advise the testing personnel.

I consent freely and voluntarily to this requirement for a urine specimen(s). I hereby and herewith release Paug-Vik Subsidiaries, its agents, its employees, and its designated testing facility personnel, employees, agents, and contractors from any liability whatsoever arising from this request to furnish the urine sample(s) and decisions made concerning my employment status based upon the results of these analyses.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date